



ANNUAL REPORT
Director of Social Services
2025 - 2026



Table of Contents

Directors Summary	4
Review of Priority Actions for 2025 – 2026	6
‘At A Glance’ Metrics for 2025/26	11
Summary of Priority Actions for 2026 – 2027	15
Governance & Leadership	16
Workforce	17
Wellbeing of the Workforce	20
Financial Resources.....	21
National Framework for Commissioning Care and Support.....	23
Performance Framework and Quality Standards	25
Performance Assessment.....	28
People	28
Children’s.....	28
Adults.....	31
Workforce.....	35
Prevention.....	39
Children’s Services.....	41
Adults.....	47
Carers	54
Partnership and Integration	58
Children’s.....	58
Adults.....	63
Wellbeing.....	70
Children’s.....	70
Adults.....	81
Other Information Section.....	85
Inspections and reviews	85
Complaints and Representations.....	87
Children	87
Adults.....	89
Other Sources of Information.....	91
Equality and Diversity	91

The Welsh Language	91
Glossary of Terms	93

Directors Summary

This year has seen the service build on the strategic, whole system changes we have instigated across both Children's and Adults' Services. These changes are leading to better outcomes for individual people and having a positive impact on the sustainability of services. We have worked at a systems level to ensure that the changes we are making are deep-rooted and provide a solid platform for continued service development aimed at delivering high-quality social care over the longer term in the face of increasing demand, risk and complexity. Stability within the social care leadership team has been important in maintaining this direction, allowing programmes of change to develop over several years whilst at the same time responding to immediate operational pressures.

Within Adult Services, we have continued the development of our approach to reablement through the START pathway. START is a reablement focussed, short-term assessment team which brings senior carers, therapists and social workers together through an integrated model and supports more people to retain or maximise their independence. We have enhanced our front-door service and revised pathways to ensure people have timelier access to the right support. Alongside this, implementation of the Domiciliary Care Commissioning Strategy has continued, with the new arrangements in the south of the county becoming established. The learning from this first phase is now helping to shape the next stage of our commissioning approach. In Children's Services, our Placement Development Strategy has continued to increase and reshape in-house provision, with the overarching intention of providing high-quality placements closer to children's homes and communities in ways which better support individual care planning. We have increased the number of children placed with in-house foster carers and continue to develop effective family support services to enable children to stay safely at home.

These are significant programmes of change, which span across departments and call for collective efforts across practice change and service implementation; procurement and commissioning, workforce development and planning; digital and systems development; partnership and engagement; project management and leadership skills. Over this coming year we will continue to consolidate and embed the changes already underway alongside a renewed focus on supporting consistently excellent practice.

Our work within the Directorate exists within a changing organisational context. *For Purpose, On Purpose* (FPOP) now provides a focused development framework for the whole authority to respond and adapt to changing demographics, technology, and environmental challenges. FPOP emphasises the need to *think and act differently*. For us, this means remaining open to modernisation - collaborating more, ensuring a skilled and flexible workforce, building resilience, and making responsible use of digital capability, data and AI.

The imperative for change is reinforced by the financial environment in which the Council and Social Care will operate over the coming years. Although the Directorate's year-end position benefited significantly from effective use of grant funding, the underlying pressures within both children's and adults' services linked to demand and complexity are very real. Our challenge is to use our resources more intelligently, focusing them where they can make the greatest difference and ensuring that change delivers both better outcomes and greater sustainability.

In response to these challenges, we have developed the Living Well Strategy to provide a coordinated approach to targeted prevention with the emphasis on supporting individual wellbeing and resilience within strong communities. We have established the governance and workstreams needed to move the strategy into delivery. Living Well is intended to benefit people, communities and the council by helping people live well and independently for longer and preventing or delaying the need for statutory services.

In 2025, Housing Services were incorporated into the Directorate. This represents a great opportunity to bring together key people-facing services, where teams are frequently working with the same individuals, families and communities, so that we can better align practice, share intelligence, strengthen pathways and make the greatest collective contribution to improving people's wellbeing.

Overall, performance in the service this year has held steady and, in many areas, presents an improving picture. We should, however, be realistic about the risks within our system. Monmouthshire's ageing population continues to create pressures for Adult Social Care, particularly as people present with increasingly complex care and support needs. Within Children's Services, relatively stable numbers mask a highly dynamic and challenging operational environment. The needs of children and families are becoming increasingly more complex set against changing societal and economic pressures, exacerbated at times by limited resources and services. Nevertheless, we have laid strong foundations on which to build and continue to respond to changing need.

By and large, everything within social care rests on working together and the centrality of human relationships. None of the progress described in this report would be possible without our workforce. Social care staff work with people at some of the most difficult and important points in their lives, often while managing significant demand, complexity and professional responsibility. I remain enormously grateful for the skill, compassion, resilience and dedication of colleagues across the Directorate. As we enter the next phase of our development, our task is clear - to elevate practice to its best, equip people with the skills and technology they will need for the future, and retain a relentless focus on what matters most: helping people to live safe, independent and fulfilling lives and ensuring that sustainable, high-quality support is there when people need it.

Review of Priority Actions for 2025 – 2026

Priority Set	Progress
Work with partners to ensure that people have access to preventative community wellbeing services that help to promote better health and wellbeing outcomes.	In October 2025, Cabinet endorsed the ‘Living Well’ strategy. Since then, we have established a cross-directorate delivery group and programme board to support implementation across a number of workstreams. We have aligned the programme delivery with the Place Based Care initiative within Aneurin Bevan University Health Board (ABUHB). Joint working is now in place regarding a more targeted use of resources based on population needs, improved access to wellbeing information and developing good practice in targeted prevention.
Implement changes at the front door of adult services including the introduction of specialist IAA roles to help provide clear and consistent advice and strengthen pathways into community-based support. Evaluate the impact on people of community conversations.	We have established new Information Advice and Assistance (IAA) workers in the Adult Social Care Service. Using ‘what matters’ conversations the IAA workers are helping to provide more consistent and timely responses to people who contact the service. We have reviewed and strengthened our internal referral pathways so that the IAA workers can direct people to the support and services they need in a more organized and efficient way. We have improved our recording of outcomes from IAA work which is allowing us to shape front-door services around what people need. Over the year, we have reduced our assessment waiting lists and increased the number of people receiving IAA. This means that people are better informed of their options at the earliest opportunity and have more timely access to the support and services that they need. We have undertaken an initial review of <i>community conversations</i>. The findings will support further work with our partner agencies to develop a more consistent practice model and increase the focus on achieving outcomes for people.
Improve the provision of information regarding financial assessments and charging.	Following the roll out of the financial training module, we have continued to build understanding of financial assessments, fees and charging to enable practitioners to ensure families are well-informed. We use the Quality Assurance and Learning Group (QUALG) to support practice in this

	area. We have improved the joint working between the social work and finance teams.
Continue to increase in-house reablement capacity and pilot the START pathway.	This year we have implemented the START pilot in the South Integrated Team. The START model has been developed through an integrated approach involving senior carers, therapists and social workers. The model uses multi-disciplinary triage processes to achieve quicker access to reablement supported by functional assessments undertaken by senior carers. We have implemented enhanced training for our in-house domiciliary cares in reablement techniques. Over the year we have continued to increase the number of people accessing reablement, supporting better outcomes by allowing more people to retain or maximise their level of independence
Take the commissioning strategy forward by completing the procurement process in the south, ensuring a smooth transition to the new providers and undertake a review of the process to inform next steps.	The implementation of the new block contracts was completed in August 2025. The delay from the original timetable of April / May 2025 arose predominantly because of the procurement process. During implementation some people's care transferred from one provider to another, which needed to be carefully managed. However, at the end of the year arrangements were in a settled state with early benefits being drawn in line with the strategic intentions including stream-lined brokerage; improved payment processes and better coverage of provision across the area.
Together with partners, expand frailty services in north and central teams. Reflect on learning from 2024 and continue to put in place mechanisms for avoiding unnecessary admissions to hospital and achieving timely discharge.	Working closely with Primary Care health colleagues, additional money (Further, Faster Fund) was used to develop frailty services in the North and Central areas of the county. Health posts included a frailty consultant and additional District Nurses, with additional frailty carers being employed within Social Care. Frailty provides specialist advice and support to professionals working with older people, and provides a 'rapid response' to residents living with frailty. Frailty services are aimed at safely reducing hospital admissions and supporting timely discharge from hospital. Over the year our ability to support timely hospital discharge and reduce lengths of stay for older people continued to improve.
Take forward the outcomes from the Adult Services inspection	An action plan was put in place to address the issues raised within the improvement check. Over

undertaken in April 2025 particularly the work to support good outcomes for carers.	the year there has been an uptick in the numbers of carers registered with the carers team; more carers have received IAA and there has been an increase in the number of carer's assessments undertaken.
Open an Assistive Technology room in Monnow Vale hospital	The assistive technology room in Monnow Vale was successfully opened in September 2025. Unfortunately, soon after, the room had to be re-purposed following the flooding event. With Chippenham Surgery now back in action, the Assistive Tech room is once again available for people to visit and good levels of footfall are reported. At the same time the assistive tech room in Chepstow had to be re-located to Caldicot Medical Centre to allow for expanding ward space in the hospital. We are liaising with health colleagues to try and move this back to Chepstow (in keeping with where there was more opportunity to support people to explore the equipment).
Ensure that the optimal workforce structures are in place within direct care services to deliver good quality services and ensure staff wellbeing	Over the year we have re-structured some elements of direct care to ensure sufficient management cover and introduced new roles such as planners and senior carers. We continue to work closely with People Services to consolidate people's contracts and improve payroll functions for shift workers.
Continue to deliver the placement development strategy for children including completing the current pipeline projects	The new residential children's home, Ty Tudur became operational in July 2025 providing placements for 4 children. We have re-purposed our two smaller homes, which are now both able to accommodate two children. Ty Castell continues to support 5 young people. The placement development strategy is continuing to deliver better outcomes for children through child-focussed, high quality placements that support individual care planning and are closer to children's homes and communities.
Increase the number of in-house foster placements	A council tax subsidy for in-house carers was introduced in 2024, and in April 2025 the Cabinet Member agreed an uplift to foster carer fees and allowances. Alongside these improvements, the Children's Service has continuing to develop the non-financial support offer to carers. At year end. the number of children placed with in-house foster

	carers increased from 46 in 2022 to 50 in 2026 (lowest point 40 in 2024).
Maintain effective family support and mitigate against the risks associated with grant funding	In 2025/26 the budget for children's services allowed family support services to be maintained at the same level, despite a reduction in grant funding. Linked to the placement development strategy the service has been able to partially off-set increased pressures through savings arising from being able to place more children in in-house provision.
Maintain improvements in adherence to statutory timescales for child protection.	2024/25 saw the implementation of targeted practice improvement to secure better compliance against statutory timescales. This year we have been able to maintain that improvement. Although there has been a marginal dip in the timeliness of statutory visits, the timeliness of child protection core groups has further improved.
Implement new Case Management System to replace Flo and Plant	Due to challenges largely outside of Monmouthshire's immediate control there have been significant delays to this project. These challenges relate to the over-stretch of the provider and the move to a '5 in 1' tenancy arrangement. A new Go Live date of August 2027 has been established. At a local level, work towards implementing the new Case Management System is well-underway, although the operational impact on time and resources is considerable. National, regional and local programme oversight boards are in place. Successful implementation of the new system will be one of the foremost priorities for the service next year.
Ensure the supervision policy is fully embedded across the service	The supervision policy for social care has been implemented in practice. For children's services implementation has been more successful with evidence of supervision being recorded on children's files. In adults there is further work required to ensure that the connection between supervision and case work is evidenced.
In partnership with the Workforce Development Team develop and implement the START project reablement competency framework, implement the children's residential services training programme and increase training numbers for Best Interests Assessors	A bespoke training programme was implemented for the START programme using a competency framework for reablement carers. A bespoke team training programme was implemented for the newly appointed children's residential workforce, which the team completed to opening, before the children arrived.

	5 additional people received Best Interest Assessor Training which is 1 more than last year.
Work in partnership across the council to progress recommendations regarding the delivery of anti-racist social care	The service continues to work in partnership with the Association of Directors of Social Services (ADSS Cymru) to take forward the Anti-Racist Wales Action Plan within social care. We have established a cultural ambassador to link in with the national programme, increased training and awareness raising particularly at senior levels, and completed our self-assessment which will help us set some specific targets for next year.

‘At A Glance’ Metrics for 2025/26

Metric Number	Metric – Adults Social Services	2022/23	2023/24	2024/25	2025/26
Front Door					
AD/001	The number of contacts for adults received by statutory Social Services during the year:				
AD/001a	The total number of contacts	8806	8085	8119	8769
AD/001b	The number of new contacts	6437	5951	5945	6373
AD/002	The number of contacts for adults received by statutory Social Services during the year where advice or assistance was provided	3808	3635	3626	3912
Assessments					
AD/004	The number of new assessments completed for adults during the year	2205	1929	2340	2388
AD/005	Of which:				
AD/005a	Needs were only able to be met with a care and support plan	671	486	689	1219
AD/005b	Needs were able to be met by any other means	583	482	557	467
AD/005c	There were no eligible needs to meet	553	573	522	692
Plans					
AD/012a	The number of adults with a care and support plans at 31 March	1651	1580	1378	1368
AD/013	The total number of adults with a care and support plan where needs a met through a Direct Payment at 31 March	149	140	120	117

Social Care for Adults

2025-26

About Adult Services



The budget for adult services is **£48** million



We employ **395** people in adults' social care



And completed **2,388** assessments for adults

Who we Support



452 adults received care in their own homes



369 adults were supported in care home placements



We received reports on **595** adults at risk

Supporting People Earlier



We provided advice or assistance to **3,912** contacts



71% of adults feel they had the right information or advice when needed



445 packages of reablement completed

How we Work



76% of adults felt involved in decisions about their care



92% of adult safeguarding enquires completed within 7 days



73% of adult's care plan were reviewed during the year

What Difference Did we Make?



46% of adults felt able to do things they consider important



53% of people need no ongoing support following reablement



83% of people were happy with their care and support

Front Door					
CH/001	The number of contacts for children received by statutory Social Services during the year	5825	7071	5819	5327
CH/002	The number of contacts for children received by statutory Social Services during the year where advice or assistance was provided	3508	3879	3223	3395
CH/003	The number of contacts received by statutory children's social services during the year where a decision was made by the end of the next working day	5698	7065	5818	5324
Assessments					
CH/006	The total number of new assessments completed for children during the year	907	1088	872	811
CH/007	The total number of new assessments completed for children during the year where:				
CH/007a	Needs were only able to be met with a care and support plan	253	374	290	380
CH/007b	Needs were able to be met by any other means	493	522	435	408
CH/007c	There were no eligible needs to meet	16	35	34	22
Plans					
CH/015a	The number of children with a care and support plan at 31st March	542	502	585	627
CH/016	The total number of children with a care and support plan where needs are met through a Direct Payment at 31st March	51	55	57	61

Social Care for Children

2025-26

About Adult Services



The budget for Children's services is **£24** million



We employ **260** people in children's social care



We received **5,327** contacts about **2,500** children

Who we Support



91 children on the child protection register



192 children in the care of the local authority



40 carers who provide placements for children

Supporting People Earlier



100% of families supported with what matters to them by early help services



We provided advice or assistance to **3,395** contacts for children



99.9% of contacts had a decision within one day

How we Work



91% of children's assessments were completed on time



92% of reviews of children on the child protection register were completed on time



100% of reviews of children in care were completed on time

What Difference Did we Make?



69% of children were supported to remain with their families



21 children left care for permanent homes with adoptive families or special guardians



57% of care leavers were in education, training or employment



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Summary of Priority Actions for 2026 – 2027

1. Work with others to build on the work of Living Well Strategy and Place Based Care, moving to the delivery of outcomes and impacts arising from targeted prevention activity.
2. Evaluate the impact of the IAA services and use this to determine next steps.
3. Develop a model for community conversations through partnership engagement.
4. Take the required actions to respond to the CIW improvement check (June 2026).
5. Re-new the focus on supporting excellent social care practice with particular attention to outcome focused assessments and care planning.
6. Further embed key elements of the supervision policy across the service, with an emphasis on recording.
7. Review Day Opportunity Services in the south to inform procurement activity.
8. Implement the strategic objectives of the Domiciliary Care Commissioning Strategy in the north and central teams, building on the learning outcomes of the first phase. Maximise the benefits of the new partnership arrangements in the south.
9. Consolidate the START (reablement) pathway and roll this out across the other teams.
10. Increase young people's meaningful engagement with corporate parenting and wider service development.
11. Open a further residential children's home and a further supported accommodation provision.
12. Review and revise placement sufficiency plans to inform next steps, including building on the progress that has been achieved within in-house fostering.
13. Implement the recommendations from the self-assessment under the Anti-Racist Wales Action Plan.
14. Implement the new Social Care Case Management System, ensuring appropriate system admin function post implementation and increase responsible use of digital and AI capability across the service.

Governance & Leadership

Monmouthshire County Council is overseen by an elected political leadership comprising the Council Leader, Cabinet Members, and committee chairs, supported by a Chief Executive and a team of Senior Leaders. The statutory director for social care is a member of the Senior Leadership Team which meets on a weekly basis. This leadership framework ensures clear strategic direction and effective decision-making, with the Chief Executive working closely with political leaders to implement policies and manage the delivery of services. Key decisions regarding social care are made within formal Cabinet meetings.

The social services department is headed by the Strategic Director for Social Care, Housing and Public Protection, who holds Statutory Responsibility and is responsible for the strategic direction and operational management of the service. The Strategic Director is supported by Heads of Service and Service Manager leads for children's and adults' services enabling strong governance and integrated working across the directorate. The Directorate leadership is benefiting from the appointment of a new joint Head of Service for Housing and Public Protection (appointed January 2026). The current stability of the core social care leadership team has enabled the strategic direction and implementation of plans over the longer term. Directorate leadership meetings are held on a fortnightly basis ensuring that Director decisions are not taken in isolation and are assessed for impact across the directorate.

The Strategic Director meets weekly with the Cabinet Member for Social Care, Health and Accessible Services, monthly with the Leader of the Council and reports regularly into Cabinet. These meetings ensure proper oversight and accountability. The Cabinet Member has held their position since 2023 and over that time has developed a deep understanding of the service – its relative strengths and weaknesses – allowing constructive challenge and driving the focus on outcomes for people.

Scrutiny plays a vital role in ensuring transparency, accountability, and continuous improvement within Monmouthshire County Council. The People Scrutiny Committee focuses on social care, education, and public health, reviewing service delivery and outcomes for residents, and making recommendations for enhanced quality and effectiveness. Wherever possible, key decisions affecting people receiving social care services are taken to People Scrutiny. The Performance and Overview Committee scrutinizes the Council's strategic objectives and corporate performance, monitoring progress against key targets and plans, including the Community & Corporate Plan. Reports taken into scrutiny committees this year have included:

- The Director's Annual Report 2025/26 and Annual Safeguarding Report 2025/2026 (Performance & Overview Committee, September 2025)
- Update on the Placement Development Strategy for Children (Performance & Overview Committee, September 2025);
- The development of MonMeals (People Committee, September 2025),
- Outcome of CIW Adult Services' Services Performance Evaluation Review (People Committee, July 2025) and
- Monmouthshire Living Well Strategy (People Committee, September 2025).

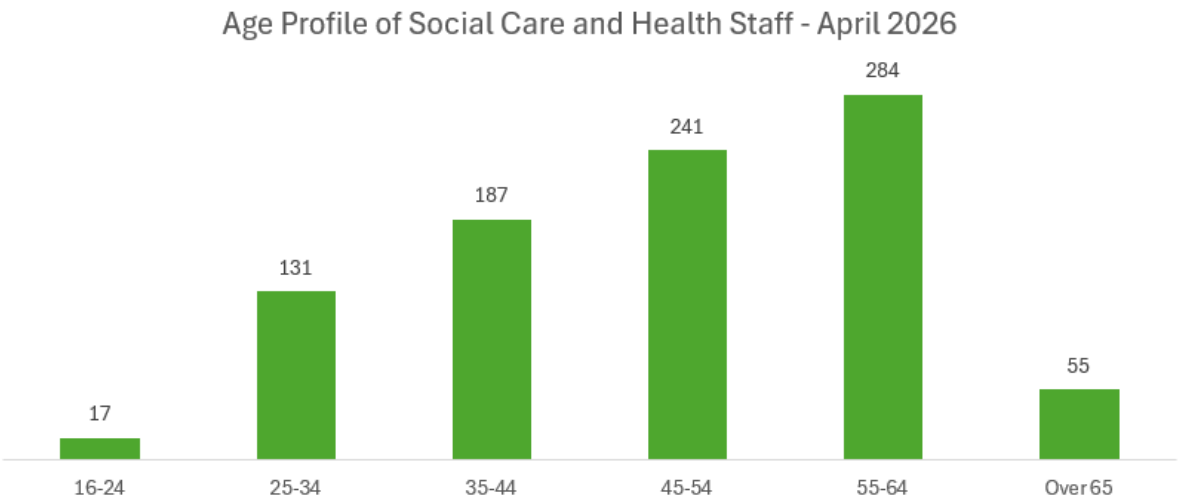
Workforce

The number of people employed within the social care workforce has decreased slightly from last year from on average 933 colleagues to on average 913 colleagues this year (2025/26). This equates to 605 Full-Time Equivalent (FTEs).

Adult Services has on average 440 colleagues across all teams, which is a decrease on last year’s figures due partly to an increasing people’s contracted hours across direct care (thereby reducing headcount). There have been on average 30 vacancies throughout the period, including social work posts, social work assistants and social care assessors, occupational therapists and direct care posts. The service has employed on average 6 colleagues through agencies during the year where critical cover was required. The labour turnover for Adult Services is 14.77%.

Children Services has an average of 301 colleagues working across multiple teams, a slight increase on last year, due to further expansion within family support services. There has also been an average number of 30 vacancies across the range of posts. The Memorandum of Understanding between all the Welsh Local Authorities, regarding how agency workers are deployed, continues to make a positive difference in achieving a more stable workforce with regards to social workers, although it remains challenging to recruit social workers for the core child protection teams. There have been on average 6 agency workers during this period to cover critical posts. The labour turnover for Children Services is 10.96%.

To ensure sufficiency and enable succession planning, the older demography of the workforce indicates that encouraging people to enter the care sector remains a priority. In partnership with Social Care Wales, we are starting to apply a more strategic approach to workforce planning so that we can be well placed to respond to changing population needs and service requirements. We have now collated key data and metrics as a baseline. This will allow us to improve how we use workforce trends and patterns to support higher level decisions.



We want people to see social care as a career of choice, with clear progression and professional development pathways. The Social Care Workforce Development Team (MONWDT) continues to work in

partnership with local colleges, universities and others to provide a range of routes into social care including 'growing our own' social workers and practitioners.

Over this next year, the workforce development team will continue to facilitate the well-established work experience and student placement offer, expecting to host an estimated 34 School, College and University students across front line social care teams with placements ranging from 20 to 100 days. This will include 27 modern apprentices undertaking their social care level 2-5 qualifications and 6 new and continuing Social Work degree traineeships. The team ensures that social care / social work placements provide a positive experience to students and that post qualification professional studies are properly supported.

Training programmes for managers and aspiring leaders are encouraged via a number of routes. On the whole, management and leadership posts have been successfully covered from within the service reflecting the emphasis that remains on supporting people's professional development.

Social Care & Health Workforce Development

2025-26

Student Hosting



7
Coleg Gwent
Health & Social
Care Work
Experience
Students



6
Social Work
Student
Secondments



13
Student Social
Workers



1
Level 4
Therapy
Assistant
Practitioner

Leadership



2 Team
Manager
Development
Programme



1 Mental Health
Manager
Development
Programme

Continuous Professional Development



5 First Year in
Social Work
Practice
Programme



7 First Year in
Social Work
Consolidation
Programme



3 Social Work
Practice
Educator

Specialist Operational



5
Best Interests
Assessor



4
Approved
Mental Health
Professionals



18
Manual Handling
Key Handlers



4
CUBAS
Parenting
Assessors

Health & Social Care Qualifications



17
Level 2
Qualifications



12
Level 3
Qualifications



5
Level 4
Qualifications



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Wellbeing of the Workforce

The strength of the service lies in our skilled and dedicated workforce. Practitioners work under significant demand pressures supporting vulnerable people and families through critical times in their lives. The job can be demanding and exhausting with high expectations around professional competence and performance. We continue to place high value on individual supervision and support through line-management arrangements as well as opportunities for wider networking, specific team-based training and learning and celebratory events.

The workforce development team continue to deliver the *Connect 5* wellbeing training endorsed by ABUHB. *Connect 5* training helps managers and the wider social care workforce recognise how to support themselves and others to stay well. There are several pathways in place to support colleagues with their welfare including Occupational Health, Counselling and financial advice as well as the Melo website and Canopi offer through health.

We encourage social care staff to be part of wider council events such as colleague networks, colleague conferences and to take part in the council's workforce surveys. Peer networks are in place for people affected by specific issues including menopause, neurodiversity and physical disability. These networks continue to grow and develop with more planned for the future. Under the All-Wales Anti-Racist action plan, we have raised awareness of anti-racist practice within social care and continue to work with others to take this forward.

Nevertheless, absenteeism across the directorate remains higher than we would wish it to be with psychological illnesses, stress and mental ill-health remaining the highest reasons. We review cases related to work related stress and use a case management approach to absenteeism under the Wellbeing & Attendance policy and framework.



Financial Resources

For this year the net total revenue budget delegated to the Social Care, Safeguarding and Health directorate was £78,198,000, representing just over one third of the Council's overall budget. The largest part of the Directorate budget, £47,821,000, went to Adult Social Care. Children's Service was allocated £24,307,000 with the remaining £6,070,000 distributed among Housing, Public Protection and Support Services

There was an underspend of £2,125,000 at year end, mainly due to the utilisation of grant funding into Adults services which helped to alleviate the pressures of increased care home placements supporting timely discharge from hospital. The allocation of some grant funding later in the year masked some of the underlying pressures across the service.

Adults:

At year end adult's services showed an underspend of £2,617,000. Maximisation of external grant funding, such as the allocation of £914K via the Pathways of Care Transformation Grant, and through ensuring full spend against the Regional Integration Fund revenue grant were the main factors in contributing to the underspend. Continuation of the £1.1M Social Care Workforce Sustainability grant, with an additional £52K awarded in the last month of the financial year, also assisted to underpin costs and contribute toward the overall underspend.

Underlying pressures remain which include the full year effect of care provision and adult placements made at the end of the previous financial year and the ongoing rise in residential placements. There have been an additional 10 external residential placements during the year [this does not include our own in house provision of Severn View Park]. At the end of the year there are a total of 369 residential placements, a rise of 52 placements over 2 years, showing increased demand over the year and an underlying upward trend. This is in keeping with the aging demographic of the county together with the complexity of needs experienced by our older residents. Residential placements for people living with later stage dementia are generating a particular budgetary pressure.

We are still experiencing difficulties in progressing referrals for Continuing Health Care particularly for younger people with mental health and learning disabilities. This is impacting on our ability to move potentially eligible adults into health service budgets, an issue for all Welsh Local Authorities

Debt due to unpaid Adult social care charges remains a challenge, increasing in the last quarter to its closing position of £2.8M. We are continuing to take actions both preventatively and in ensuring appropriate recovery action, with the introduction of a Senior Debt Review panel.

Children's:

Stability within the overall numbers of children requiring looked after placements enabled Children's Services to remain broadly within its allocated budget this year. Although the surface numbers are stable, this does not reflect the dynamic operational environment with 55 children entering and 56 children leaving care over the course of the year.

There continues to be a significant pressure related to the use of external counsel / barrister costs for children who are in a public law process in the family courts. The service only refers children to the family court if it is the only way to secure a child's safety and long-term stability / welfare. The costs associated with a court process are high, and the use of barristers is often unavoidable. Court costs were inflated this year because of 2 specific complex cases. In terms of corrective action, the service will continue to liaise with the legal team to explore any potential to reduce the costs associated with court.

Another pressure within the service area arose through a reduction in the Welsh Government grant that supports our Family Support services. Family support is critical to supporting children to remain safely at home wherever possible and helps both to safely reduce the numbers of children who need to come into care and safely return children to their families and communities at the earliest opportunity. Although it represents a cost pressure, the service has maintained family support despite the significant reduction in the Welsh Government grant.

Savings:

Within the budget the directorate was tasked to deliver savings of £2,950,000 and achieved £2,845,000, a 96.4% success rate. This was mainly achieved (£1.8M) through the work within children's service in respect of utilising family support to progress care plans for children within the looked after system, as well as maximising the use of in-house provision linked to the placement development strategy. Adult services were able to contribute savings of £350K (against a target of £250K) through the increased emphasis on undertaking timely care and support reviews. The Directorate savings shortfall was due to a 4-month delay in the completion of Severn View homeless provision.

National Framework for Commissioning Care and Support

We have continued to embed the principles of the National Commissioning Framework within our strategic commissioning and procurement activity. Many of the principles of the Framework were already reflected in our commissioning practice, with recent activity further strengthening alignment with national requirements.

The Council's Domiciliary Care Strategy is closely aligned with the Framework's objectives, particularly in relation to quality and outcomes, workforce sustainability and data-informed commissioning. Social value considerations are integral to the procurement process, with tender evaluations including requirements relating to fair work principles, community benefit and wider social value outcomes. Recent commissioning and procurement activity has seen quality given greater weighting than cost within major tender exercises, including domiciliary care and supported housing contracts.

Workforce sustainability continues to be a key consideration. Recent approaches have sought to support workforce wellbeing and stability and improved terms and conditions, including more consistent working patterns and enhanced mileage arrangements. These measures contribute to recruitment, retention and the long-term sustainability of the local care market.

Active Offer principles and Welsh language requirements have also been incorporated into recent procurement activity through contract and performance measures.

Further development is planned to strengthen the commissioning, monitoring and evidencing of outcomes across services, particularly within domiciliary care.

Proactive market engagement remains central to our commissioning approach. Established regional provider forums, market engagement and feedback from people receiving services are used to help shape service design, procurement activity and future delivery models. Population needs assessments, service performance information, provider intelligence and people's feedback are routinely used to inform commissioning decisions. A range of preventative services are currently commissioned and under review to ensure they remain sustainable and continue to deliver positive outcomes.

Strengths-based approaches are applied within commissioning decisions and service delivery. This approach is increasingly being utilised to support younger adults and individuals with more complex needs helping people to identify appropriate care and support solutions and exercise greater choice. Further development will focus on embedding strengths-based commissioning principles and strengthening the evidence of outcomes achieved through this approach.

We have strengthened our approach to fee setting and market sustainability. Through the annual fee-setting process, fair rates are informed by robust evidence and an understanding of the actual costs of delivering care, including material cost pressures, increases in the National Living Wage, Real Living Wage and wider inflationary pressures. We have recently commissioned Care Cubed to help ensure fees are reflective of assessed need and sustainable from the outset, as well as providing transparent and relevant benchmarking information to support discussions with providers. Full and transparent budget

matrices are used within procurement exercises to ensure cost assumptions are understood from the outset and commissioned services remain financially sustainable.

The Council will continue to develop its approach to evidencing outcomes through contract monitoring, quality assurance activity, people's feedback and provider intelligence. Future development will focus on strengthening co-production, moving towards outcome-focused care in domiciliary care, demonstrating impact and continuing to support a sustainable, high-quality care market that delivers positive outcomes for the people of Monmouthshire.

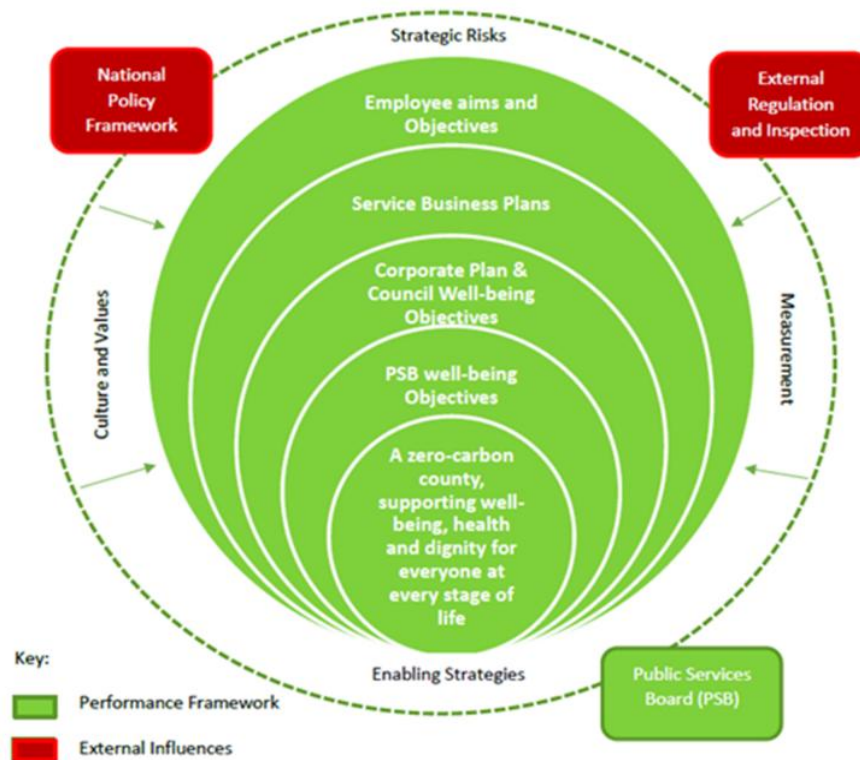
Performance Framework and Quality Standards

The Director's report is undertaken in the context of the Council's Community and Corporate plan and aligns with the Council's annual whole authority self-assessment process, as set out in the diagram below. The assessment evaluates progress and performance in 2025/26 with the Council's A Connected Place Where People Care objective set in the Community and Corporate Plan 2022/28 which aims to achieve:

- High-quality social care which enables people to live their lives on their terms
- A healthy and active Monmouthshire where loneliness and isolation are reduced, well-being is promoted, and people are safeguarded
- A professional and passionate social care workforce

The report is available here [Council Performance - Monmouthshire](#)

Monmouthshire Council Performance Management Framework



The data tables used within the report provide an overview of some of our core metrics across social services. How we evidence progress and performance is guided by the revised Code of Practice for the

performance and improvement of social services in Wales, established under the Social Services and Well-being (Wales) Act 2014. The framework brings together three complementary elements: measuring activity and performance, understanding experience and outcomes, and using evidence to inform improvement.

2025/26 is the sixth year in which we have reported metrics through the '*Measuring Activity and Performance*' framework. As this evidence base has developed, trend information has become increasingly valuable, helping us to understand patterns of demand and activity, identify areas where action may be needed, and assess the impact of changes to services from a performance perspective.

The tables within this report provide an overview of selected core metrics across social services, from over one hundred measures contained within the framework. We have included those most relevant to understanding our activity and performance during 2025/26. These are supplemented by locally developed measures which help us explore particular aspects of service performance in greater depth.

Metrics alone cannot tell the full story. Throughout the report we have included quantitative information together with a wider range of evidence, including case studies, service user feedback and information about people's experiences and outcomes. Taken together, this provides a richer understanding of both the demands on our services and the difference our support makes to people's lives, as well as helping us identify opportunities for learning and continuous improvement.

Guidance for the production of the report was issued in the previous year and can be found [here](#).

The Performance section asks local authorities to address eight quality standards under four sections: - People, Prevention, Partnership and Integration and Wellbeing, using 2 prompt statements for each section. The assessment is completed for both children's and adults' services and describes how the local authority has aimed to achieve the standards.

The self-assessment approach asks local authorities to address the following four questions:

- What do we know about the quality and impact of what we are doing?
- How do we know? e.g. what evidence from research, engagement and the metrics are we using to inform this assessment?
- What are we doing well and how can we do better? What are our priorities for improvement, particularly over the coming year
- What progress did we make on the areas for improvement identified in last year's report? What difference did we make?

1. People

2025-26



a. “All people are equal partners who have choice, voice and control over their lives and are able to achieve what matters to them”



b. “Effective leadership is evident at all levels with a highly skilled, well-qualified, and supported workforce working towards a shared vision”.



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Performance Assessment

People

Within Children and Adult services alike, we adopt a strengths-based approach that starts with listening to people's stories, understanding their experiences and focusing on what matters most to them. Through person-centred conversations, we work alongside people to identify and build upon their strengths, assets, relationships and community connections, supported where necessary by formal care and support services. All staff are trained in collaborative communication techniques to support these discussions and ensure people are actively involved in decisions about their lives. Our aim is to promote independence, choice and control, enabling people to achieve their personal outcomes while ensuring that their voices help shape and influence the services we provide.

Children's

Children's Services Practitioners use core skills to establish relationships with children independently from their parents / carers wherever possible, including seeing them alone. This provides children with the opportunity to talk openly about anything that is worrying them. Seeing children alone as part of an assessment was achieved in 99.4% of cases.

Gaining insight into a child's lived experience often requires time, persistence and skilled relationship-based practice, particularly when children communicate their feelings and experiences in different ways. We place a strong emphasis on communication skills, direct work techniques and understanding child development so that practitioners can engage meaningfully with children and see the world from their perspective.

Social workers must remain alert to the risk that a child's voice can be overshadowed when attention becomes focused on the needs, views or circumstances of the adults around them. Reflective supervision, professional support and challenge play a critical role in helping practitioners maintain a clear focus on the child's lived experience, ensuring that children's views, wishes and feelings remain at the heart of assessment, planning and decision-making. We work hard to ensure that each child is supported to achieve what matters to them.

Case Study

My Support Service

K is a school aged young person with disabilities. K wants to increase their independence and access more of their community.

Support workers engage with K and their family to improve K's confidence and skillsets so that they can become more independent.

K has autonomy to choose where they want to go and what activities they would like to engage in.

Through working with the support workers K is has increased in confidence, particularly in making decisions, and has started taking initiative. The number of prompts that they require by support staff has decreased.

In one example, K was able to go shopping with support and purchase gifts they had chosen for family members. Budgeting, decision making and communication skills all showed improvement.

K's Support Worker – "For me, it's important that K progresses, that one day they may be able to go into a shop, buy what they want, identify that they have enough money and can budget themselves.

This shop, K chose all presents themselves, paid for and packed independently, even planned where to hide the plant they bought for mum!"

Practitioners are skilled at establishing relationships with parents, helping motivate and engage parents in working towards outcomes that matter to them and that will make a positive difference to their children.

Case Study

Family Therapy

A family self-referred into the SPACE Wellbeing Panel. The family had recently moved into the area. The children were struggling to settle into school and there were high levels of family conflict linked to neurodiversity. Based on the referral information they were allocated to the Creative Therapies Team for Family Therapy.

The parents had differing parenting styles. Both were under pressure at work and there was a lack of wider family support. The children were not attending school, which further challenged the family dynamics and the parents became overwhelmed with their situation.

A period of family therapy sessions ensued involving both parents. The sessions helped to address the conflict within the home, understand the differing parenting styles and develop solutions.

Parent feedback: *"We have hugely benefited from our family therapy sessions. As parents neurodivergent children, navigating parenting and family life has been challenging. The sessions have been immensely valuable in helping us process the difficulties we have faced, as well as the progress and setbacks in our parenting journey. The approach was guided by our needs, which is exactly what we needed. Through therapy we have a safer and more peaceful environment at home. We better understand and manage our own emotions, rather than focusing solely on behaviour. Family therapy has not removed the challenging circumstances we face - however, it has enabled us to navigate them in a far more constructive and supported way."*

Children's Participation and Engagement

Over recent years we have placed increasing emphasis on actively encouraging children's participation in their own care at an individual level, and as part of wider services developments as well.

This year, the Children with Disabilities Team launched **VoiceMates**, an innovative Augmentative and Alternative Communication (AAC) application designed to support non-verbal children and young people. The device-independent app enables children to communicate through symbol-based sentence building and audio playback, helping to ensure their views, wishes and feelings can be heard and understood. The app has the potential to support safeguarding, where capturing the child's voice is central to assessment and decision-making. Early feedback has been encouraging, with children showing enthusiasm and curiosity when using the technology and demonstrating an ability to navigate the app independently. While further work is needed to embed its use consistently across practice and gather feedback to inform ongoing development, VoiceMates represents an important step in using digital innovation to strengthen participation and give children with communication difficulties a stronger voice.

The involvement of young people within the corporate parenting panel continues to play a central role in amplifying the voices of care experienced young people. Care experienced young people are supported to attend board and there a wider engagement event is held each year. This year discussions resulted in an organised trip to London and a visit to the Houses of Parliament. Subsequently, the young people had a meeting with their local MP to discuss issues regarding benefits and housing. Young people have been involved in staff interviews at a leadership level, in commissioning processes (for support accommodation providers) and in deciding how grant funds are spent. The young people are generating some fantastic ideas about how they want their engagement with the service to develop. This year, we would like to support young people take an increasingly active role in coming together to shape and influence the service as well as the panel itself.

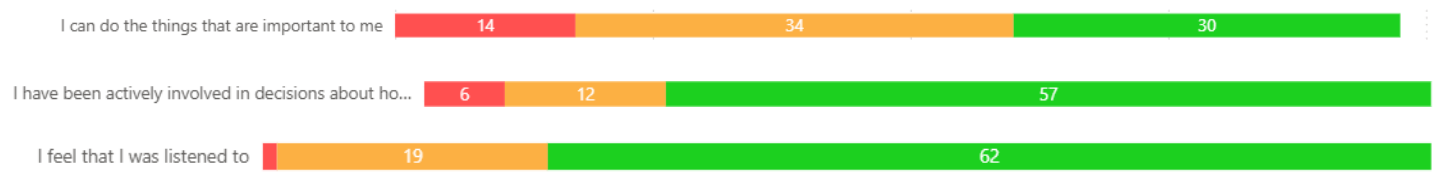
At an individual level we work hard to promote the aspirations of the children we work with. One young person had a long-term ambition of becoming a sports journalist. We were able to use grant funding for a laptop and supported him to attend and review national sporting events and to foster his passion and skills. We have supported other young people into a range of learning opportunities and experiences with a significant proportion ultimately entering care related work.

Adults

Adult social care practitioners focus on listening to people who need care and support to understand their views and enable them to achieve what matters to them. Feedback from the adult questionnaire provides us with insight into how well this is being achieved.

In the last year, 2025/26, 46.1% of people told us they feel able to do the things that are important to them. This has declined slightly over recent years, from 49.5% in 2023/24. Whilst we are not entirely sure why this is, the decline potentially relates to the increasingly older population who present to the service.

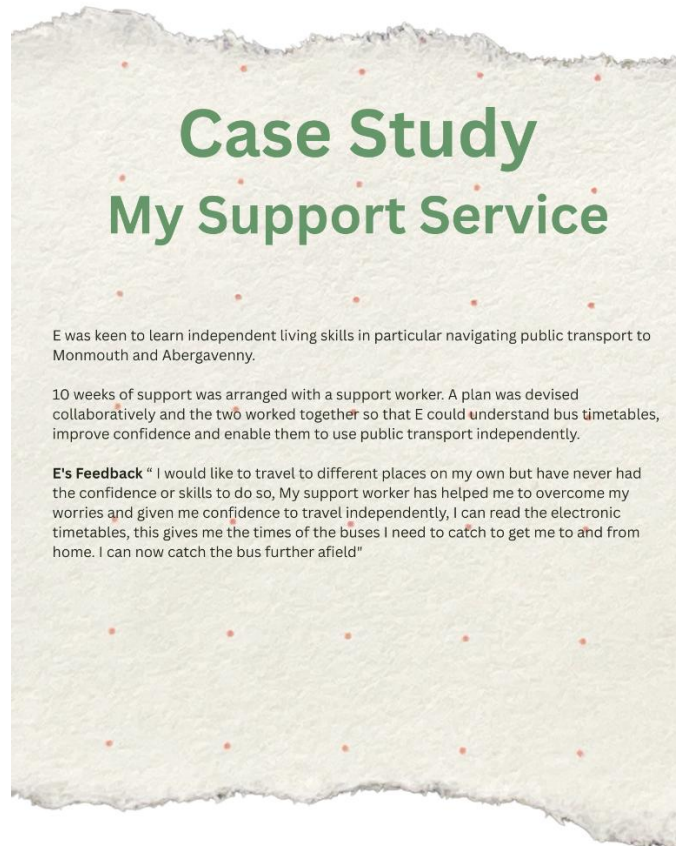
Over three quarters, 76.1%, of people told us they feel actively involved in decisions about their care, which has remained consistent over recent years. The proportion of people who feel listened to has remained consistently high and has slightly increased in the most recent year to 80.5%. This demonstrates that engagement with adult social care users overall remains strong. We need to continue to focus on ensuring meaningful outcomes through supporting service users to do what matters to them.



Adults Questionnaire	2022/23	2023/24	2024/25	2025/26
	Actual	Actual	Actual	Actual
I can do the things that are important to me	48.7%	49.5%	47.9%	46.1%
I have been actively involved in decisions about how my care and support was provided	76.6%	78.1%	76.1%	76.1%
I feel that I was listened to	79.9%	80.4%	79.7%	80.5%

Doing the Things that Matter

Over this last year, the development of My Support Service (Day Opportunities Service for the North and Central parts of the County) has gone from strength to strength. The service is completely orientated to support people to achieve the things that matter to them. This year we are planning to undertake a commissioning review and procurement process for the Day Opportunities Service in the South.



Micro Care

Since its launch in 2022, the Microcare Project has entered its fourth year and continues to demonstrate its value as an important additional method of delivering care and support within the community.

The scheme supports individuals across the county to establish themselves as self-employed care workers, offering a diverse range of services. These include personal care and support, companionship, assistance with shopping, gardening, and other day-to-day activities. This approach provides residents with greater flexibility and choice - accessing care services tailored to their individual needs. As at March 2026, micro-carers were providing over 1,000 hours of care and support across Monmouthshire.

Date	No of Microcarers	No of clients	No of hours of care per week
March 2026	61	198	1050

Feedback from microcarers:

'I love being a micro carer, it's flexible and I can fit the work around my family. Working for an agency or the local authority is not for me. If there was no micro carer scheme I would not be working in care'.

'I retired from teaching and wanted to carry out part time work in my community, I wanted a rewarding role where I could support someone and make a real difference but still have time for me – being a micro carer does just that'.

Feedback from Microcare clients:

"Excellent! Our carer is very flexible and outgoing and has enabled our daughter to access lots of activities and helps her out with day-to-day tasks."

"Our daughter is very happy and has continuity of care."

All microcarers receive ongoing advice and guidance to help develop and sustain their businesses. They have access to free training provided by the Workforce Development Team, covering areas such as Manual Handling, Emergency First Aid at Work (EFAW), Medication Administration, Safeguarding, and GDPR. Once registered on the Dewis Wales directory, Microcarers are connected with local people seeking care and support.



Direct Payments

Direct Payments are a key mechanism for enabling choice and control. Direct Payments, empower families to design and manage support arrangements that best meet their individual needs and circumstances.

The number of children with a care and support plan we support through a Direct Payment has steadily increased to 61 from 51 over the past four years.

The number of adults using Direct Payments has declined over the four-year period, from 149 in 2022/23 to 117 in 2025/26. Although we don't know for sure, the decrease appears to relate to some of the challenges people face in managing the Direct Payment process. A Direct Payment puts the onus on the recipient who becomes the employer / commissioner for their own care and support. For some people, particularly those who may be older or more frail, this can be a barrier.

We continue to promote Direct Payments as an option and ensure that support is in place to support people who chose to go down this route.

Advocacy

Independent advocacy is another important mechanism for ensuring that people's voices are heard and reflected in decision-making, particularly those in more complex situations, or where there are specific complaints.

In Children's Services, the number of "Active Offers" of advocacy has fluctuated over recent years. In the last year, 94 active offers of advocacy were made. The number of cases where an Independent Advocate was provided has increased in the most recent year, from 29 in 2024/25 to 41 in 2025/26.

The number of adults identified as requiring an independent professional advocate is largely similar to last year, as is the number of people who were provided with an advocate. While overall number of adults needing advocacy has decreased over a four-year period, advocacy support remains critical and targeted where it is most required.

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Advocacy and Direct Payments					
CH/016	The total number of children with a care and support plan where needs are met through a Direct Payment at 31st March	51	55	57	61
CH/056	The total number of "Active Offers" of advocacy for children during the year	98	98	69	94
CH/057	The total number "Active Offers" of advocacy for children during the year where an Independent Advocate was provided	42	24	29	41

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Advocacy and Direct Payments					
AD/013	The total number of adults with a care and support plan where needs a met through a Direct Payment at 31 March	149	140	120	117
AD/032	The total number of adults during the year where the need for an independent professional advocate was identified	39	29	21	21
AD/033	The total number of adults during the year where the need for an independent professional advocate was identified and an independent professional advocate was provided	38	28	20	19

Workforce

All teams and service areas within the directorate are expected to hold regular team meetings which provide the opportunity to discuss wider service developments as well as address specific practice or procedural issues. Given the implementation of agile and remote working, managers need to be *accessible* and *available*. The outcomes of staff surveys indicate that in general people report feeling supported by their line managers, as well as by peers.

We want practitioners to feel supporting in their practice and decision-making with individuals and families, particularly where there are levels of risk, issues of contention or where there are safeguarding concerns. System 'sign-off' for key decision points around assessment and care planning is in-built into the case management system. From a practice development perspective, quality assurance forums are in place, such as the Quality Assurance and Learning Group in Adults and Child Protection Panel in children's. Similarly, the integrated nature of the teams allow for Multi-Disciplinary case discussions.

Ensuring regular one-to-one supervision is a central element to supporting the workforce. This year we have aimed to improve consistency of practice aligned to the Service's supervision policy. The next step is to improve recording the outcomes from supervision so that management oversight is clearly visible within individual case records.

We know that there is still more to do in achieving consistently good practice at a whole system level. This is something that has been discussed within recent Care Inspection Wales improvement checks, particularly regarding the analysis of risk; contingency planning and outcome-focused planning. We want to place increased focus on social care practice this year and are looking to recruit quality assurance leads in both children and adult's services to help us achieve our aspirations.

The Social Care Workforce Development Team

The Social Care Workforce Development Team (MONWDT) is pivotal in ensuring that relevant training programs are in place to support the priorities of the service. To ensure the learning offer is tailored to service requirements, MONWDT works shoulder-to-shoulder with the operational teams to understand training needs, plan, design training modules and commission training. The training extends to external and internal partners, foster carers and direct care providers.

The main face-to-face learning offer continues to be delivered from the temporary base in Innovation House Magor, with the team continuing to facilitate online, blended and place-based opportunities based on service needs. Over the year 6,780 on-line training courses were awarded and just under 4,000 people were trained in a face-to-face setting.

MONWDT works closely with the other workforce development teams within the region. Each of the teams have a largely similar core offer defined under the terms of the workforce development grant. Early thought has been given as to the potential benefits of creating a regional team.

Alongside of core training MONWDT priorities for 25-26 included:

- Implementation of the short term reablement and assessment team (START) project including mapping the reablement competency framework and delivering the programme in partnership with occupational therapists, physiotherapists, assistive tech and sensory impairment colleagues from our integrated teams. So far feedback has been very positive:

"I enjoyed how involved the group got. Everyone was able to speak up and discuss anything they felt relevant to the topic... We shared different techniques, worked collaboratively to problem solve reablement issues with lots of new aids and assistive tech...."

- Inducting the new children's residential workforce delivered in partnership with the residential leadership team and enabled the entire staff team to be trained before their residential settings opened for the first time. This helps to ensure the children and young people of Monmouthshire have staff fully equipped to support them with their physical, psychological and intellectual needs whilst promoting independent living skills.
- Facilitating staff to qualify as Best Interest Assessors enabling them to undertake assessments for people living in residential homes under a Deprivation of Liberty Safeguard (DoLS).

- Working alongside children's services and legal experts to facilitate a rolling programme of court skills workshops to ensure the practitioners and foster carers have the most up to date knowledge and experience in court matters.

Workforce development priorities for 26/27 include:

- Continuing to embed START including the rolling out to North and Central areas and including external providers during 26/27.
- Continue to lead the induction programmes for the Children's Residential workforce.
- Support further training in Mental Capacity Act assessment skills following legislation changes. This will ensure that the people of Monmouthshire requiring care and support in a range of setting have their rights upheld, their voices heard and decisions made in their Best Interests where needed.
- Continue to work in partnership to implement and enhance safeguarding training across the council.
- Implement the General Practitioner (GP) work placements in September 2026. This is an exciting pilot project which, for the first time ever, will facilitate doctors experiencing social care, public protection and housing case work, as part of their medical studies. This will provide valuable insights they can take forward into their careers.

2. Prevention

2025-26



a. “The need for care and support is minimised and the escalation of need is prevented whilst ensuring that the best outcomes for people are achieved”



b. “Resilience within communities is promoted and people are supported to fulfil their potential by actively supporting people who need care and/or support including carers to learn develop and participate in society”



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Prevention

Living Well Strategy

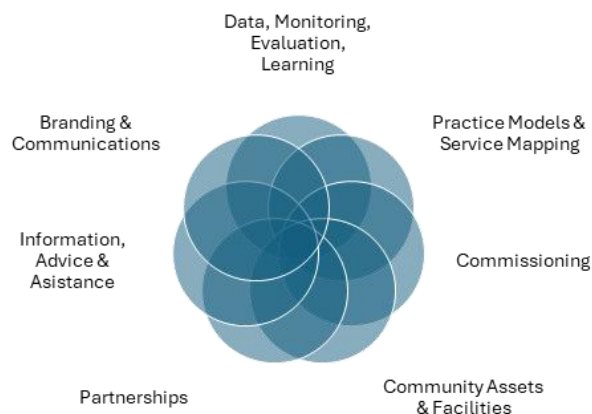
Providing early support and helping to promote individual and community resilience remains a central ethos of the service within both children's and adults' services.

The Council's approach to prevention is being shaped by the *Living Well* Strategy, which offers a whole-authority framework for improving wellbeing, reducing inequalities and helping people to remain healthy, independent and connected for longer.

“Residents, especially our more vulnerable and deprived residents, are enabled to live healthier and independently for longer – boosting their wellbeing as well as delaying or reducing their call on statutory services.”

The strategy promotes a shift towards coordinated earlier intervention, targeted support and the strengthening of individual and community resilience. It recognises that good outcomes are influenced by a wide range of social, environmental and economic factors and therefore emphasises collaboration across directorates, services, communities and partner organisations. Through a focus on healthier lifestyles, individual resilience and stronger community networks, the strategy seeks to reduce escalating need for statutory services while enabling residents, particularly those most vulnerable to poor health and wellbeing outcomes, to live well and maintain their independence. The Living Well Strategy was endorsed by Cabinet in October 2025.

Over the last 12 months, significant progress has been made in establishing the foundations and key workstreams required to deliver the ambitions of the Living Well Strategy. Focus has centred on developing the governance arrangements, including the establishment of a Delivery and Programme Board to provide strategic oversight, coordinate activity and drive implementation across the Council and partner organisations.

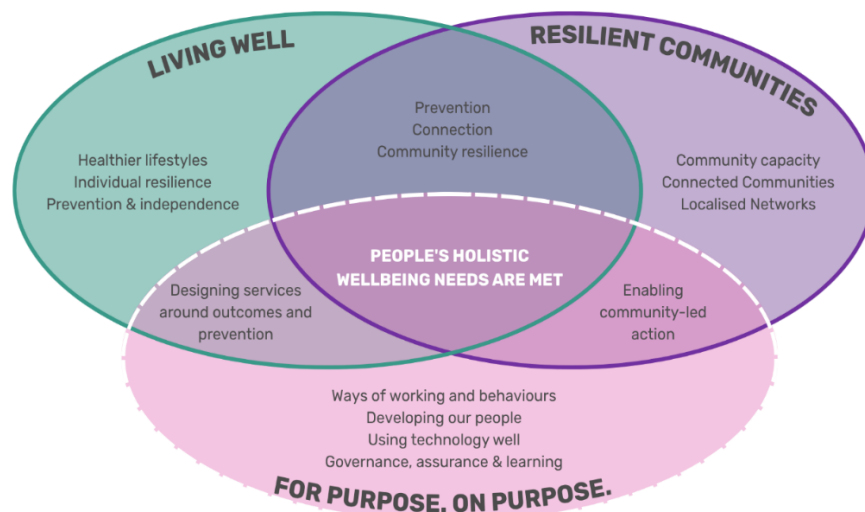


The programme is anchored within 'place-based' models of care being developed within health. This collaborative approach has helped to create stronger alignment between community wellbeing, prevention, early intervention and integrated care, providing a platform for future delivery and long-term system change.

The emerging work around prevention was recognised as a strength within the Council’s Peer Panel Assessment which was undertaken in February 2026. The assessment found that used a person-centred approach with a ‘*strong commitment to prevention and early intervention, aligned with regional partners*’.

‘The Council’s Living Well Strategy provides a well-articulated framework that recognises prevention as a long-term continuum and as a “point in time” document there is commitment to ensure this strategic intent continues to evolve, reflecting emerging learning and community insight.’

The Living Well strategy is aligned to *For Purpose On Purpose* the Local Authority’s future-focused change framework. There is now a clear imperative and expectation that the work delivered under the Living Well strategy starts to make a tangible contribution to longer-term sustainability and resilience.



Children’s Services

Early help and prevention within Children’s Social Care is central to minimising the escalation of need and ensuring the best possible outcomes for families. A coordinated approach to early intervention and prevention enables families to access the right level of support at the right time, helping parents provide safe, stable and nurturing environments for their children. Early help services form the foundation of our long-term strategy to prevent and reduce the need for children requiring care.

The SPACE Panel continues to play a key role in promoting partnership working, acting as a hub for early identification, coordinated support, and timely intervention for children, young people and their families across a range of agencies, third sector partners and provider services

Referrals into panel remain high (1099 referrals during the year) and there has been an increase in waiting times for all services. The highest referral source was from parents at 55.79% and with GP referrals at second highest at 25.52%. Referrals relating to issues around neurodivergence, psychological and mental health, general social withdrawal and school avoidance are notably high. 34% of allocations went to more than one service which suggests that families are requiring multi-faceted interventions and are seeking support at a child, parent, and family / systemic level.

These arrangements contribute to building family resilience and supporting participation, enabling families to develop the skills and confidence needed to sustain positive outcomes and reduce reliance on statutory services. However, the service is starting to monitor the number of repeat referrals to panel, suggesting that some interventions are not having the long-term impact needed, or not having an impact that makes families more resilient and self-determining over time. We want to explore the needs of families who are re-referred in more depth to help shape the type of service / community intervention that might be required.

Feedback and evaluation we receive demonstrate the effectiveness of early help services from a family perspective. The percentage of families supported through early help services who report being helped with what matters to them has remained at 100% for the last three years. This illustrates that supporting families in the right way, early on, can make a real difference in ensuring parents and children feel empowered and develop the strategies and tools they need to achieve what matters to them.

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Prevention and early intervention (Children)					
Local	Percentage of families supported by early help services who report being helped with matter to them (pre statutory services)	87.5 %	100%	100%	100%

Case Study

Building Stronger Families

B was referred into BSF with concerns regarding emotional regulation and behaviour within the family home. The pressure this was creating in the home created heightened family conflict, and emotional distress for the mother. The requirements were to increase parental confidence, improve emotional safety and communication within the family, reduce conflict and strengthen joint working between parents.

NVR (Non-Violent Resistance) was recommended. The NVR programme was delivered on a one-to-one basis within the family home over a number of weeks. NVR principles include self-care, de-escalation, and strengthening parental presence.

The intervention resulted in clear, sustained positive outcomes across the family. Mum described improved communication and reduced conflict: "Our relationship has improved. Communication feels safer and there is less conflict." She reported that B was "calmer, less aggressive, and recovers more quickly from difficult moments." The family have demonstrated proactive engagement with support services and now feel confident in their ability to manage future challenges, including as their younger child approaches adolescence.

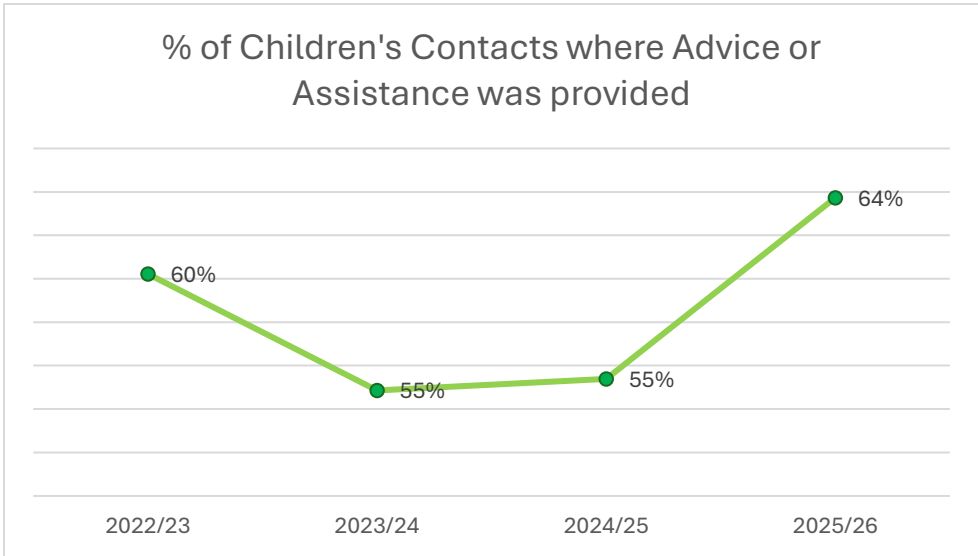
The Front Door

Following our efforts to review and strengthen threshold guidance and referral activity into Children's services we have seen a reduction in the number of contacts received by Children's Services for a second consecutive year. This indicates improved understanding among partners and ensures that children's services resources are focused on situations of concern that may require statutory intervention. In total, we received 5,327 contacts for children over the course of the year, in contrast to 7,071 during 2023/24. Less volume means that we have more opportunity to apply strengths-based practice and risk management early on, ensuring that each referral is responded to in the best way.

Over two thirds of contacts continue to be received from key safeguarding partners, including police (35.6%), education (23.3%) and health (12.9%), demonstrating sustained multi-agency engagement and shared responsibility for identifying need and following correct referral pathways.

A key aspect of preventing escalation is ensuring that contacts are responded to promptly and proportionately. Performance remains exceptionally strong, with 99.9% of contacts receiving a decision by the end of the next working day in 2025/26, maintaining consistently high performance over recent years. This ensures that children and families receive timely support and that risk is appropriately managed.

The provision of advice and assistance remains a critical component of early intervention. In 2025/26, advice or assistance was provided in 64% of cases [3,395 out of 5,327 cases], reflecting a continued focus on supporting families at the earliest stage, diverting need away from statutory intervention where it is safe and possible to do so.



Metric Number	Metric	2022/23	2023/24		2025/26
Front Door (Children)					
CH/001	The number of contacts for children received by statutory Social Services during the year	5825	7071	5819	5327
CH/002	The number of contacts for children received by statutory Social Services during the year where advice or assistance was provided	3508	3879	3223	3395
CH/003	The number of contacts received by statutory children's social services during the year where a decision was made by the end of the next working day	5698	7065	5818	5324
Local	The percentage of contacts received by statutory children's social services during the year where a decision was made by the end of the next working day	97.8%	99.9%	100.0%	99.9%

Assessments

In line with the reduction in contacts received at the front door, there has been a corresponding decrease in the number of completed assessments this year, reflecting a more targeted and proportionate response to need.

However, following assessment, proportionately more children require statutory support. In 2025/26, 46.9% (380) of assessments concluded that needs could only be met through a care and support plan, a notable increase from 33.3% (290) in the previous year. While this increase is partly attributable to our continued focus on improving data recording, it also suggests that children reaching assessment are

more likely to have higher levels of need and indicates that lower-level concerns are increasingly likely to be supported earlier through preventative pathways.

50.3% (408) of assessments identified that needs could be met through other means. This demonstrates that social workers are effectively using the assessment period to identify and build on family strengths enabling families to safely step down from statutory support where possible.

We continue to complete assessments within timescales with 91.2% completed within statutory timescales of 42 working days in 2025/26, ensuring that children and families receive timely interventions to prevent escalation of need. This decreased from 97.1% in the previous year.

Importantly our practice remains firmly child centred. Evidence shows that children were seen as part of the assessment process in 99.4% of cases, ensuring that their voice and lived experience inform both assessment and planning.

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Assessments (Children)					
CH/006	The total number of new assessments completed for children during the year	907	1088	872	811
<i>Local</i>	<i>The percentage of new assessments completed for children during the year where:</i>				
<i>Local</i>	<i>Needs were only able to be met with a care and support plan</i>	27.9%	34.4%	33.3%	46.9%
<i>Local</i>	<i>Needs were able to be met by any other means</i>	54.4%	48.0%	49.9%	50.3%
<i>Local</i>	<i>There were no eligible needs to meet</i>	1.8%	3.2%	3.9%	2.7%
<i>Local</i>	<i>The percentage of assessments for children completed during the year where there is evidence that the child has been seen</i>	98.3%	98.3%	98.8%	99.4%
<i>Local</i>	<i>The percentage of new assessments completed for children during the year that were completed within statutory timescales</i>	92.3%	95.9%	97.1%	91.2%

Young Carers

Young carers need access to the right help, advice and support to maintain their wellbeing, development and participation in everyday life. Contacts relating to young carers increased to 289 in 2025/26, following a decline in the previous year. This correlates with our work to improve the early identification of young carers across partners with the majority of schools now actively engaged in this work. The Young Carers Assessment Worker remains an integral member of the SPACE panel.

Of the young carers who were referred to the service, 136 received advice and assistance.

Metric Number	Metric	2022/23	2023/24		2025/26
Front Door (Young Carers)					
CA/011	The total number of contacts to statutory social services by young carers or professionals contacting the service on their behalf received during the year	259	282	224	289
CA/012	Of those identified, the number where advice and assistance was provided	106	157	124	136

We have undertaken more young carers need assessment, with 67 undertaken in the last year, representing increased awareness of the specific needs and challenges faced by young carers. Of these, the majority (54 out of 67) had identified needs, with a combination of support plans (21) and other forms of assistance (33) provided. The Young Carers Service continues to deliver regular in-school sessions, providing group-based activities such as cooking, which enable informal engagement and wellbeing check-ins in a supportive environment.

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Assessments (Young Carers)					
CA/014	The total number of young carers needs assessments undertaken during the year	29	16	25	67
CA/015	The total number of young carers needs assessments undertaken during the year where:				
CA/015a	Needs could be met using a young carer's support plan or care and support plan	10	12	10	21
CA/015b	Needs were able to be met by any other means	11	4	11	33
CA/015c	There were no eligible needs to meet	1	0	0	8

Case Study Young Carers

A child in year 8 was referred for 1:1 support to the Young Carers Service due to a requirement for practical support, and emotional wellbeing.

An assessment was performed with goals being defined which included:

- Support for the child to talk more openly about feelings and emotions
- Support with grant applications so the child could start kickboxing to enhance their social life outside of their caring role.
- Engagement with group sessions and respite activities to meet other young carers and build new friendships
- Tailored cooking lessons

Child-led support was provided to explore emotions and feelings. The child was able to start at a kickboxing club with help from the Bridging the Gap Fund and a cooking session was provided. The child now regularly attends school group sessions and young carer activities. Additionally, a Cost of Living grant was granted to help purchase some bedroom furniture.

"Hi, I just wanted to send a quick email to say thank you. [Child] has really enjoyed his young carers sessions and we also wanted to say a huge thank you for the grant. [Child] was able to get a bed, desk, and bedside table, which has made such a positive difference for him. Thank you from us as well – we're incredibly grateful for the support."

Adults

The Front Door

We aim to support people to live independently in their own homes and communities for as long as possible, minimising the escalation of need and focusing on promoting resilience and personal well-being outcomes. This is increasingly important within the context of a growing ageing population. By 2047, the number of residents aged 65 and over in Monmouthshire is projected to increase by 38.6%, and those aged 85 and over by 114.7%, significantly exceeding the projected growth in these age groups across Wales. This demographic shift is a key driver of rising demand and increasing complexity of need across health and social care systems.

In response, we continue to strengthen our front door arrangements in adult social care to ensure people receive timely, appropriate information, advice and assistance, helping to prevent or delay the need for more intensive statutory support. Professionals are available at the first point of contact, supporting a consistent and proportionate response.

Demand at the front door remains high. In 2025/26, 8,769 contacts were received, an increase from 8,119 in 2024/25. The majority of these (6,373) were new contacts, indicating the continued increase of people seeking support. Health partners remain the primary source of referrals (40.8%), reflecting strong integration and shared responsibility for early identification.

Over the year we have put measures in place to strengthen the front-door of adult services to help improve the quality of the information, advice and assistance we provide when people contact us. We successfully recruited a small team of specialist IAA workers and have developed a bespoke training package to support the development of the role. The team works at the interface between community-based support and statutory assessment processes. Our aim is to provide clear and consistent advice to residents following clearly defined pathways both into and away from the service. IAA is a critical element in ensuring residents have the right support at the right time to reduce escalation and ensure that people aren't waiting unnecessarily for information / services they need. Having a specialist team in place provides greater insights into demand, trends and service gaps / potential service development. Once the service is established, we will undertake an evaluation of its impact and over the next year will be looking at how we can build on the benefits and skills of this specialist team.

In 2025/26, 3,912 people were supported in this way, an increase from 3,626 in the previous year, although the percentage of people supported through IAA remains consistent at around 45%.

Feedback from the adults' service user questionnaire indicates a decline in the proportion of people who felt they received the right information or advice when needed, falling from 78.0% in 2024/25 to 71.2% in 2025/26 [although this metric does not relate solely to people using front-door services]. We would like to see an uptick within 26/27.

Case Study

IAA

C contacted the service regarding concerns about Mother (J) not eating well and becoming anxious about aspects of personal care. What mattered to the family was that J could remain living at home and to avoid multiple people visiting the property. The priority was ensuring she received the right support rather than focusing on cost. The conversation focused on listening to the C's concerns and exploring strengths-based support options. A Carer's Assessment for C and a reablement assessment for J were discussed to identify support needs and maximise independence. Community-based opportunities were explored, including a local day centre, a village knit-and-natter group and informal support available through the local pub. C felt he could accompany J initially to help her build confidence in attending. To address concerns about personal care, information was provided about micro-carers, enabling J to choose a support worker she felt comfortable with. C was also signposted to the Carers Team for further advice and information.

Outcome: C felt reassured that there were flexible support options available which could help maintain J's independence. C agreed to consider the options and explore them further with his mother.

Case Study

Providing IAA

A daughter contacted Social Services concerned that her mother had been discharged from hospital without support following a broken arm and fractured clavicle. She felt care was needed immediately to keep her mother safe. Using a listen to understand approach, I explored both the daughter's concerns and her mother's strengths. Although unable to wash or dress her upper body due to her injuries, her mother could still mobilise independently and make herself drinks. This strengths-based discussion helped identify that a reablement intervention would be beneficial.

We agreed that the daughter would stay with her mother for two days while an assessment was arranged and reablement commenced. I also discussed future options, including micro-carers, assistive technology, and the potential charges associated with ongoing care should support still be needed after reablement.

A senior carer later visited and helped adapt the kitchen layout to make access to food and drinks easier. Following a short period of reablement, the daughter was able to return home and her mother regained her independence, with physiotherapy continuing once her cast was removed.

Reflections from the IAA worker: *This case highlights the value of taking time to listen and understand a family's concerns. By focusing on strengths and resilience rather than deficits, families can feel reassured while ensuring the person's voice, choice and independence remain at the centre of decision-making. As an IAA worker we are an integral part of the service ensuring good information is shared and supporting good access to resources available both in the community and through formal support. A good conversation ensures the right support is provided at the right time with the best outcome for the person.*

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Front Door (Adults)					
AD/001a	The total number of contacts for adults received by statutory Social Services during the year	8806	8085	8119	8769
AD/001b	The number of contacts for adults received by statutory Social Services during the year which were new contacts	6437	5951	5945	6373
AD/002	The number of contacts for adults received by statutory Social Services during the year where advice or assistance was provided	3808	3635	3626	3912

Adults Questionnaire	2022/23	2023/24	2024/25	2025/26
	Actual	Actual	Actual	Actual
I have had the right information or advice when I needed it	75.1%	77.6%	78.0%	71.2%

Assessments

Undertaking assessments under the SSWBA is a key opportunity to talk to people about their wellbeing and what matters to them, as well as ensuring that they have the right information and advice to help them make informed choices about their care and support needs. We are making good use of quality assurance processes to support practitioners in their assessment practice and intend to develop that further this year. Our recent CIW assurance check recognized the improvements we have made in assessments but would like to develop this further through using assessments as an opportunity to better support understanding the people’s care and support needs over time and contingency planning.

The number of adult assessments completed has increased slightly in 2025/26 to 2,388, continuing an upward trend from 2,340 in the previous year. This reflects sustained demand at the front door and an ongoing focus on ensuring people’s needs are fully understood at the earliest stage.

With the changes that we have made in our IAA function and assessment pathways, together with on-going oversight and prioritization, we have continued to ensure that fewer people are waiting for an assessment. As at 31st March 2026 there were 73 people waiting for an assessment compared to 194 at the same point in 2024.

	2024	2025	2026
Number of people waiting for an SSWBA assessment	194	128	73

The outcome of assessments over the year indicates a higher proportion of individuals presenting with more complex needs. In 2025/26 just over half identified that needs could only be met through a care and support plan, representing a significant increase compared to just under a third in 2024/25. While this increase is partly attributable to our continued focus on improving data recording, it also reflects that people requiring assessments are more likely to require formal support.

Of the remaining assessment 467 individuals were supported through other means and 692 assessments identified no eligible needs. This correlates to the increased emphasis on strengths-based, outcome focused practice including pathways into community-based support and interventions that promote independence where it is safe to do so.

The total number of adults with a care and support plan has remained broadly stable this year.

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Assessments (Adults)					
AD/004	The number of new assessments completed for adults during the year	2205	1929	2340	2388
AD/005	Of which:				
AD/005a	Needs were only able to be met with a care and support plan	671	486	689	1219
AD/005b	Needs were able to be met by any other means	583	482	557	467
AD/005c	There were no eligible needs to meet	553	573	522	692
AD/012a	The number of adults with a care and support plans at 31 March	1651	1580	1378	1368

REABLEMENT

The mainstay of prevention within adult services is reablement. A key objective within the service has been to increase access to reablement. Reablement supports good outcomes for people, helps people to regain independence after periods of ill-health or incapacity and allows people to remain in their own homes for longer. From an organisational perspective, reablement reduces the call on long-term domiciliary care, thereby helping to manage demand pressure across the system. This year we are looking to enhance and expand our reablement provision in Mardy Park, particularly for people who require intermediate care.

We have increased the capacity and number of people accessing reablement. We completed 445 packages of reablement in 2025/26 compared to 309 in 2024/25, demonstrating a sustained and proactive shift towards preventative support.

Outcomes from reablement remain strong. In 2025/26 53.3% of people had no ongoing need for support following reablement and a further 13.5% experienced a reduced need for support.

This year we have completed the re-design of the therapy led reablement pathway which is being successfully piloted in the Chepstow (South) Integrated Team. Senior carers now undertake functional assessments for people in their own environments, and we are supporting our in-house carers in developing skills in using reablement approaches. Because of the way that we now commission long-term care in the South, we can pass-port care requests directly to our providers once a reablement programme is completed. The system re-design is contributing to decreased waiting times for people and quicker access to a specialist service. Over the next year we want to recruit more reablement carers, continue to learn from the pilot, and achieve roll out across the other areas.

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
AD/010	The total number of packages of reablement completed during the year	184	331	309	445
AD/011	Of which:				
AD/011a	Reduced the need for support	32	47	41	60
AD/011b	Maintained the need for the same level of support	35	74	69	74
AD/011c	Mitigated the need for support	106	183	172	237
AD/011d	Neither reduced, maintained nor mitigated the need for support	11	27	27	74
<i>Local</i>	<i>The percentage of packages of reablement completed during the year that mitigated the need for support</i>	<i>57.6%</i>	<i>55.3%</i>	<i>55.7%</i>	<i>53.3%</i>

Case Study

Reablement

M was in hospital for 3 months after having a fall which resulted in a fractured hip. M also suffers from a number of other health conditions, all affecting mobility and day to day living. Whilst in hospital, M sadly suffered some very close bereavements which caused a lot of emotional distress alongside managing the physical health conditions and loss of independence.

When M returned home, reablement was put in place with 4 calls daily to support with regaining independence in personal care and building his confidence and emotional wellbeing.

We worked together to identify goals that were important including returning to church and going out and socialising with friends again. We used a person-centred approach throughout and involved M in all decisions, taking time to listen and understand what was important rather than just focusing on tasks.

Equipment such as a shower seat was provided to help M feel safer and more confident, and we worked alongside other health professionals within the integrated team to encourage physio exercises to help with confidence and mobility.

We gradually encouraged M to take more responsibility with medication and together, found ways to help M remember his medication by linking prompts into daily routines. We gradually supported M to feel confident to manage catheter care independently too.

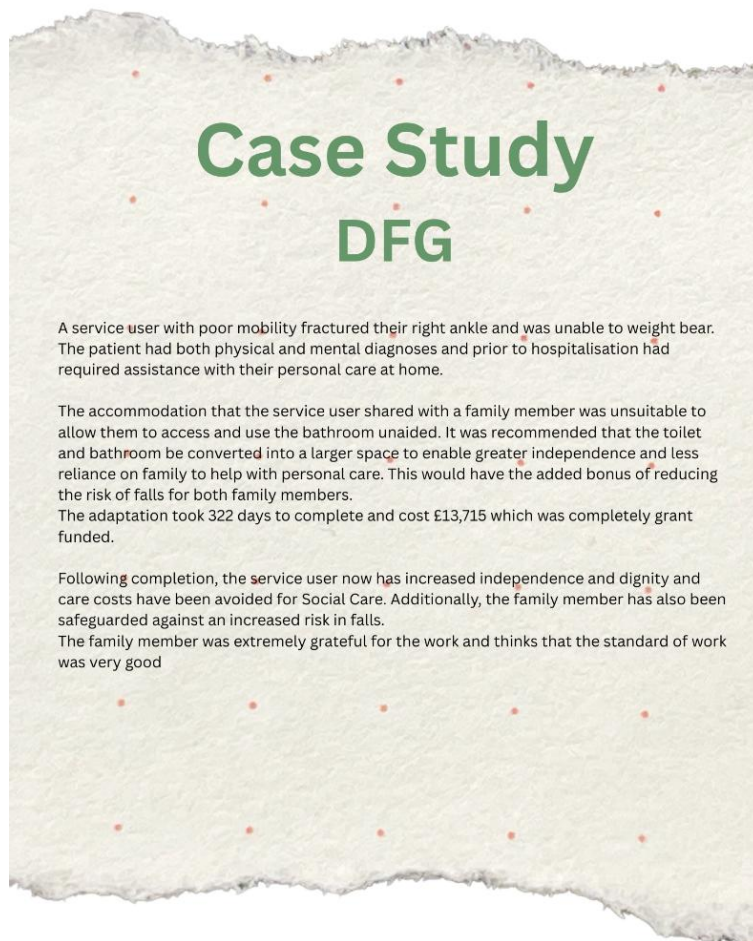
We supported M to rebuild confidence in the community through graduated physical support as well as plenty of reassurance and encouragement.

Over the course of reablement, M made real progress and became much more confident in managing daily tasks independently including personal care, medical needs and meal preparation. More importantly M regained confidence in going out, returned to church services and began socialising with friends again, which had a positive impact on his emotional wellbeing. Support was gradually reduced from 4 calls a day, to fewer calls during the week, before reablement ended successfully with M managing independently at home with no long-term care needs.

Assistive Technology and Home Adaptations

Assistive technology and housing adaptations are becoming increasingly central to our preventative approach, helping people to achieve what matters most to them by improving wellbeing outcomes, maximising independence, and reducing or delaying the need for ongoing care and support, significantly improve people's quality of life and sense of agency and control. By providing timely, proportionate interventions, we can support people to live safely and independently in their own homes for longer. Our ambition is to continue strengthening the integration of housing services within the wider preventative offer, while developing a deeper understanding of where housing solutions and assistive technology can deliver the greatest benefit for individuals, communities, and the organisation, ensuring resources are targeted where they have the most positive impact.

The Assistive Tech service now supports 1085 clients - an increase of 89 from last year, with an upward trend. There were 595 referrals received from both professionals (237) and people themselves (358) showing that more people are becoming aware of the benefits of using assistive technology. The main call remains for pendant lifelines and telecare. Regarding housing adaptations 203 referrals were received and 110 adaptations were completed.



Case Study

DFG

A service user with poor mobility fractured their right ankle and was unable to weight bear. The patient had both physical and mental diagnoses and prior to hospitalisation had required assistance with their personal care at home.

The accommodation that the service user shared with a family member was unsuitable to allow them to access and use the bathroom unaided. It was recommended that the toilet and bathroom be converted into a larger space to enable greater independence and less reliance on family to help with personal care. This would have the added bonus of reducing the risk of falls for both family members. The adaptation took 322 days to complete and cost £13,715 which was completely grant funded.

Following completion, the service user now has increased independence and dignity and care costs have been avoided for Social Care. Additionally, the family member has also been safeguarded against an increased risk in falls. The family member was extremely grateful for the work and thinks that the standard of work was very good



Carers

Supporting carers is a key element of prevention and building community resilience. We want to ensure that carers have access to timely information, support and resources to sustain their caring role. Carer contacts increased significantly from 288 in 2024/25 to **448** in 2025/26, reflecting both the level of demand and aligning with our aim to improve earlier identification of carers across the service. We have raised the profile of carers and ensured that our new IAA workers have the knowledge and skills to undertake *what matters* conversations with carers. Consequently, we saw a substantial increase in the number of carers receiving advice and assistance, rising from 84 to **248**.

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Front Door (Carers)					
CA/001	The total number of contacts to statutory social services by adult carers or professionals contacting the service on their behalf received during the year	351	352	288	448
CA/002	The number of contacts by adult carers received by statutory Social Services during the year where advice or assistance was provided	128	129	84	248

The number of carers' assessments undertaken remains high at **288** in 2025/26, following a significant increase in the previous year. Of these, over half (156) resulted in a need for support, reflecting the increasing recognition of the needs of carers in their own right. In addition, 94 carers were supported through other means, demonstrating a flexible and preventative approach to meeting carers' needs. The number of carers awaiting a needs assessment has increased due to increased demand and reduced capacity due to a staff vacancy in the carers team.

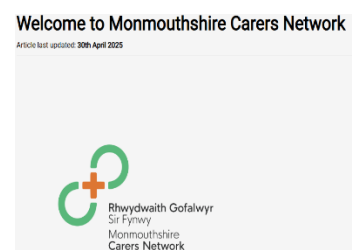
Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
CA/004	The total number of carers needs assessments for adults undertaken during the year	192	147	299	288
CA/005	Of which:				
CA/005a	Needs could be met with a carer's support plan or care and support plan	58	34	83	156
CA/005b	Needs were able to be met by any other means	63	24	30	94
CA/005c	There were no eligible needs to meet	27	44	40	36

Whilst we have made positive progress; we know that there remains a large number of people providing care to loved ones without accessing support. The nature of caring roles has become increasingly complex. There has been a rise in dual caring responsibilities, alongside carers managing their own health needs. Families can often reach points of crisis which may have been avoided if we had been able to support and plan earlier. We want to address 'hidden demand' and prioritise preventative care over reactive or crisis-led intervention, ensuring that early on carers are aware of what support is available.

Services for Carers

Feedback from carers and the Carers Strategy Group is informing improvements to information provision, including a redesigned website, updated carers handbook, and enhanced signposting to specialist organisations. Ensuring that carers are actively sign-posted to informal support can be of real benefit in developing peer networks and in helping people sustain their caring roles. This year we are working collaboratively with parent carers and third sector organisations to develop a new guidance booklet aimed at supporting parents of children with Neurodiversity and a further resource to support parent carers of children with mental health needs, with particular emphasis on understanding relevant legislation and parental rights.

[Welcome to Monmouthshire Carers Network -
Monmouthshire](#)



Having good respite arrangements in place is the mainstay for many carers. For overnight respite we continue to use our in-house provision in Mardy Park and Severn View Parc as well as commissioning respite with providers, particularly for children with disabilities and adults with learning disabilities and

mental illness. Bridging the Gap provides flexible support for carers and has been used in lots of innovative and person-centred ways. This service is vulnerable because of its grant-funded nature, and we are currently advocating for a continuation of the funding.

Informal support and belonging to carers' networks can be extremely beneficial to help people develop connections and resilience. This year the numbers of carers registered with the carers team increased to **1,166** a further from 900 (23/24) and 1,100 in (24/25). The Carers' Service continues to hold events and activities for adult and young carers to support carers to stay connected. This year 161 young carers attended (over 7 events) and 402 adult carers attended (over 13 events). This approach reflects a commitment to working with carers as equal partners, offering support that is responsive to their needs and preferences.

Feedback from Events

Adult Carers New Year Lunch

"Thank you all for a lovely meal at Monmouthshire GC. This was first time and good to meet other people in similar situations to ourselves. This was good for my wife to dress up and go out and meet new people. Thank you all again."

Young Carers – Wake the Tiger Trip

X says it was amazing and she got to see new things. X enjoyed the socialising and having fun with everybody and is very grateful for Young Carers and the trips that they provide.

Porthcawl Seaside Coach Trip

Feedback from our carers

'Just a quick email to say thanks so much for today's carers day out to Porthcawl.

It was our first time there, we had a great time, lots to see and do, and look forward to visiting again either with the Carers Team or under our own steam'



Many thanks for organising such a lovely seaside event. It was fabulous and very much appreciated'.



3. Partnership and Integration

2025-26



a. “Effective partnerships are in place to commission and fully deliver fully integrated, high-quality, sustainable outcomes for people”



b. “People are encouraged to be involved in the design and delivery of their care and support as equal partners



monmouthshire
sir fynwy



Partnership and Integration

Children's

During 2025/26, partnership working within Children's Services underpinned the delivery of integrated care and support for children, young people and their families. Key partners include education, schools, health services, police and probation; CAFCASS, carers, neighbouring local authorities, care providers and voluntary sector organisations. Bringing partners together around the needs of children and families is fundamental to ensure joined-up approaches and achieving positive outcomes. Several agencies can be involved in a child's life, particularly where there are additional learning needs or safeguarding concerns - working collaboratively ensures services are coordinated and coherent, particularly from a family or child perspective.

In Monmouthshire, partnership working is shaped through the Children and Families Strategic Partnership, which sits within the Regional Partnership Board governance arrangements. The partnership provides opportunities to strengthen relationships at both strategic and operational levels; jointly understand population needs; and share resources. Over time the partnership has developed integrated services across the spectrum of need from universal provision, targeted early help, to highly specialist provision. Where this has worked well, partners have been able to agree shared priorities and outcomes while retaining flexibility to respond to local needs. Good examples of this include the suite of Edge of Care services. Equally, the partnership has enabled the commissioning of joint services in partnership with voluntary organisations – Plattform, the Family Intervention Team (FIT) and Skills for Living to enhance regional consistency and equality of resource.

At the end of the year, 627 children in Monmouthshire were supported by a care and support plan, an increase from 585 in the previous years, representing an increase of 125 children in 2 years. This growth reflects both rising demand and continued identification of need through multi-agency partnership working.

Integrated Working

Targeted family support is deeply embedded within the service founded on an integrated approach between therapists, psychologists, foster carers, family support practitioners and social workers. Integration is built on a shared value base around relationships, trauma informed approaches, being child-focused and strengths based. As far as possible parents, carers, children and young people are encouraged to be involved in care planning as equal partners. Our aim is to be open and transparent regarding the nature of service involvement as well as promoting individual choice and control. All our family support services work collaboratively to reduce need and support families to live lives on their own terms - promoting resilience and helping people to learn, develop and define their own best outcomes.

Case Study

Family Mediation

The relationship between a parent and young person had broken down. Conflict in the home had escalated and there were concerns that the young person might not be able to remain living there. There were multiple pressures on the family. Both described feeling overwhelmed and stuck and were unable to see the other's perspective. The focus of the work was to try and reduce the level of conflict and create a safer, more manageable environment at home.

Because of the relationship and communication difficulties individual sessions were offered to explore what was sitting underneath the conflict. The young person was able to talk more openly about how alcohol use in the home affected her and the parent was supported to look at how her current stress, health concerns and caring responsibilities were impacting on her. We helped both identify patterns in how conflict escalated. Eventually joint sessions were reintroduced. Family therapy was brought in alongside the mediation work, so there was space to look at some of the longer-term and more complex dynamics, while mediation could stay focused on improving day-to-day communication.

Progress was far from linear, however, the family continued with the work and over time, things began to settle again.

Arguments still happen, but they are less intense and less likely to escalate in the same way as before. The young person has said she feels more understood, particularly around their emotional responses and past experiences. The parent has said they feel more supported and better able to manage the different pressures they are under. The risk of family breakdown has been reduced and both have continued to engage with the support being offered. There is more understanding between them, communication has improved, and there is a stronger sense that they can work through difficulties rather than feeling stuck in them.

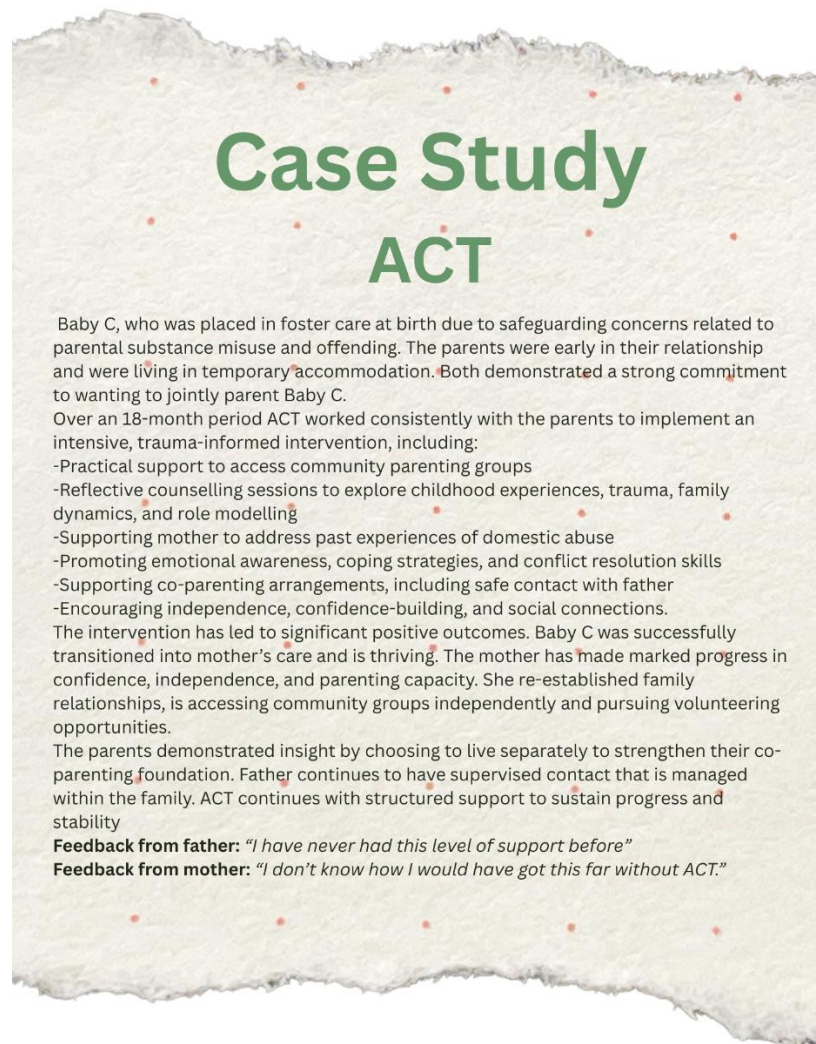
Parent Feedback: *"We still have disagreements, but they don't turn into arguments like before, which is an improvement."*

Young Person Feedback: *"I feel listened to. It's easier to talk and things don't feel as bad at home anymore."*

Over recent years we have continued to develop family support tailored to the needs of children and families. This means that we can support families according to the specific risk factors and issues that are affecting them. Access to family support can be on a voluntary basis following an assessment; during a period of child protection registration or a court process; if a child needs additional support because of their disability or if a child is looked after.

Some of our more intensive support services are aimed at diverting children away from care and helping children safely exit care and return to their families and communities. This will almost always require multi-agency involvement and careful care planning and risk management to ensure that the right outcome is achieved.

This year we supported **69.3%** of children with a care and support plan to remain at home. The proportion of children supported to remain at home shows a gradual upward trend. Supporting children to live safely within their homes and communities remains the central objective of the service.



An Effective Partnership

On the 1st April 2020, the Families Together service was developed by Monmouthshire County Council, in partnership with Barnardos, to work with families where children are on care orders placed with family members (their parents, or another family member). This service delivers bespoke, targeted support to families in line with a child's care plan. The team quickly evolved to include Monmouthshire's SGO support service. This included undertaking assessments for the purposes of supporting applications to Court to prevent or discharge Care Orders and providing on-going SGO and networking opportunities for Special Guardians. The team comprises of social workers and support workers with close access to psychology, play therapy and family therapy. Over time, the team has helped the service to successfully reduce the numbers of children looked after placed with parents; increase the number of children living

successfully with Special Guardians rather than in foster care and supported a growing network of Special Guardians accessing informal and peer support. Special Guardianships allow children to remain within the families and communities without being children looked after or having an allocated social worker. This can help children feel an increased sense of belonging, security and stability. Families and carers like support being delivered through Barnardos rather than the statutory authority, particularly for families who may have previously been through court proceedings.

Case Study

Families Together

E had been living within a Special Guardianship arrangement (SGO) for 7 years together with their sibling due to previous concerns over parental substance misuse and neglect. E was referred to children's services because of concerns about her safety and the stability of her SGO placement. E's Special Guardian was becoming increasingly concerned over E's truancy and behaviour in school. Support was required to prevent the breakdown of the SGO.

E was supported by Family's Together to access a course on how to keep safe in relationships and online. The team helped E explore their life experiences, wishes and feelings.

Weekly sessions were undertaken in partnership with the school to complete direct work.

- A Pastoral Support Plan was created and put in place.
- Self-harm coping strategies were developed.
- Arrangements were made to allow E to move classes where she felt more connected and supported.

E has made progress in attending lessons particularly those in Math and Science. The Pastoral Support Plan is still active and has helped to improve the Special Guardians confidence. E now has the support and tools in place needed to succeed at school and to feel like their voice can be heard. This intervention has been key in improving E's behaviour and life choices to avoid the breakdown of the Special Guardianship Order.

Working with Risk in the Community

Supporting more children to remain at home, together with challenges in finding appropriate placements for children, has meant that the service is working with increased levels of risk. In response, this year we have further developed the 'Safe and Well Service' providing intensive supervision and support to families, including overnight and out-of-hours, in situations where risks are not yet fully assessed or mitigated. The increasing numbers of children being referred into this service is indicative of some of the deep-rooted challenges encountered within our work with families. Whilst figures are holding steady this year, there are clear indicators that complexity and demand within families and communities is not receding.

Family support services rely heavily on grant funding which makes them vulnerable to service continuity and an area of financial risk for the service. This year, the council was able to mitigate a reduction in grant funding to ensure that services were maintained at the same level. However, uncertainty over funding and the potential impact of this on service continuity remains an area of risk for the service. Without effective family support, less children could be supported safely at home, and more children would need to come into care, resulting in poorer outcomes and considerably increased costs for the council.

REVIEWS

Timely reviews are critical in ensuring that care remains appropriate, responsive, and effective. In 2025/26, strong performance was maintained in key statutory areas. 100% of looked after children reviews were completed within statutory timescales, maintaining high performance of recent years. 91.8% of child protection reviews were completed on time, maintaining improved performance of recent years, although lower than last year. Performance has improved over recent years for reviews of children in need of care and support. The number of reviews undertaken has increased and 85.2% of reviews were completed within statutory timescales.

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Plans (Children)					
CH/015a	The number of children with a care and support plan at 31st March	542	502	585	627
Local	<i>The percentage of children supported to remain living within their family</i>	61.1%	60.2%	67.5%	69.3%
CH/016	The total number of children with a care and support plan where needs are met through a Direct Payment at 31st March	51	55	57	61
CA/017b	The number of children or young people with a care and support plan who also have carer responsibilities	32	28	35	20
Local	<i>The percentage of reviews due during the year that were completed within statutory timescales, which were:</i>				

/Local	<i>Child protection reviews</i>	84.0%	81.7%	97.9%	91.8%
Local	<i>Looked after reviews (including pathway plan reviews and pre-adoption reviews)</i>	99.0%	99.6%	100.0%	100.0%
Local	<i>Reviews of children in need of care and support (including children supported by a direct payment)</i>	65.4%	77.1%	88.7%	85.2%

Adults

Within adult services partnership working is brought together under the Integrated Services Partnership Board (ISPB), which is co-chaired between the Head of Monmouthshire Borough, Primary and Community Care Division and The Chief Officer. The Board represents the integrated leadership structure between Primary and Community Health, Public Health and Adult Social Care under the Local Authority. The County's Neighborhood Care Networks are represented via the 2 GP leads (north and south) and the voluntary sector has a strong presence represented through GAVO.

At a strategic level the partnership works from a shared understanding of the county's population needs; gaps in services; and how resources can be best aligned to improve outcomes. Operationally, strong relationships engender shared problem-solving and flexibility across the workforce.

Place-Based Care

Last year, a central objective for the partnership was to focus on designing and implementing services aligned with Place Based Care. Place based care is described as '*organising health, social care, wellbeing services, community resources and voluntary sector support around the needs of a specific population living in a defined place, rather than around organisational boundaries*'.

The main principles include:

- Building resilient and connected communities
- Focusing on prevention and earlier intervention
- Reducing health inequalities
- Creating effective multidisciplinary teams
- Providing care closer to home
- Supporting a Home First approach
- Breaking down organisational barriers between health, social care and communities.

Place Based Care seeks to provide residents with enhanced community-based services which are increasingly focused on holistic well-being outcomes and prevention, moving away from the pull into hospitals.

The first tier of Place Based Care builds on the established work of the Integrated Wellbeing Networks and is well aligned with Monmouthshire's Living Well strategy and more latterly Resilient Communities work.

Working model for Place Based Care (Health)

Partnership working with ABuHB – 'Place Based Care'



As part of implementing Place Based Care this year, we want to focus our efforts on improving outcomes for people, particularly those who face additional social, physical or economic barriers by achieving:

- Better join up within community connector roles and IAA functions
- Easier access to information about community case wellbeing services
- Integrated proactive reviews for high-risk patients
- Targeted community conversations designed around individuals
- Enhanced pathways into community-based support following reablement
- Improved evidence of return on investment in respect of preventative funding to support future decision making.

Community Conversations

In 25/26 we wanted to ensure that community conversations structured around the wellbeing goals of individuals were fully fledged across north and central teams. We undertook an initial review across the locality areas of Abergavenny, Chepstow, Monmouth and Usk, with the aim of identifying strengths, opportunities for improvement, and areas where greater consistency could be achieved. The review found strong partnership engagement across all localities, with forums providing a valued space for networking, information sharing, community intelligence and early intervention. Whilst each locality has evolved to meet local needs, there is now an opportunity to establish a clearer countywide purpose, shared operating principles and proportionate monitoring arrangements, whilst retaining the flexibility that makes local models effective. Over the next year we want to develop the resource so that we can strengthen the links between community connectors, community conversations and our IAA functions such that will allow us to provide targeted support aligned with the objectives of the Living Well Strategy. We remain committed to Community Conversations as central to promote well-being and resilience, helping people connect with community-based activities that prevent, delay, or reduce the need for formal care.

HOSPITAL DISCHARGE

This year the Integrated Partnership has continued to build on previous learning to support timely hospital discharge. Weekly multi-disciplinary meetings are held to identify and address delays, supporting a coordinated response across the system. While pressures in the hospital system remain, discharge delays stabilised during 2025/26, reflecting improvements in joint working and integrated practice.

Our performance is closely monitored and measured on the basis of the number of delays (people) and the total number of days delayed (length of stay). The number of patients awaiting discharge varies during the year. Throughout 2025/26 our performance demonstrated that the number of Monmouthshire residents delaying in hospital ranged from **34 to 53 per month** (compared to 49 to 63 per month last year). At year end March 2026 it had reduced to **35** (41 in 2025) patients, **15** (26 in 2025) of whom were awaiting discharge for social care reasons. More significantly, at year end the total number of bed days taken up with medically fit Monmouthshire residents had reduced from its highest at **1179** in March 2025 (41 people delayed) to **924** (35 people delayed) demonstrating a significant improvement in the length of time individual Monmouthshire residents were delayed in hospital beds waiting for adult care services to support their safe discharge.

Supporting hospital system flow and ensuring well-coordinated, timely discharges for people is now felt as an all-year-round pressure, albeit exacerbated during at spike periods predominantly associated with adverse weather conditions, viral outbreaks or staffing challenges. Despite the challenges the teams remain committed to maintaining effective working relationships, building good practice and a culture of shared learning, so that improved outcomes for people leaving hospital can be achieved.

Aligned to hospital discharge, this year saw the expansion of our specialist integrated services aimed at supporting frailer people to get the acute help they need at home and avoid any unnecessary admission to hospital. There is now better consistency and equity of the provision over all parts of the County. We will continue to monitor the impact of this development over the next year.

Care and Support Plans

We continue to provide care and support to those who need it in the County. We supported 1,368 adults with a care and support plan in the last year. While the overall number of adults we support has reduced, we have seen a notable increase in the complexity of individuals' needs, requiring more coordinated, multi-agency involvement to achieve sustainable outcomes.

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Care and Support Plans (Adults)					
AD/012a	The number of adults with a care and support plans at 31 March	1651	1580	1378	1368
Care and Support Plans (Carers)					
CA/008a	The number of adult carers with a support plan at 31 March	86	70	32	34
CA/008b	The number of adults with a care and support plan who also have carer responsibilities	50	50	30	25

Provision of Services

We want to ensure care and support is available for adults who require it without unnecessary delay. We support adults via a range of services and interventions including support with independent living, access to specialist / bespoke support, reablement, family support, personal care at home, assistive technology, overnight and day respite and residential care as well as support to access to a range of community-based organisations. Broadly speaking, following assessments we are able to provide care and support to adults and carers without undue delays, although this is not the case for all services.

Residential Care

The number of adults receiving residential care has increased from 317 in March 2024 to 369 in March 2026. This is in line with national trends and is contributed to by an ageing population and increasing complexity of need, requiring more intensive support. On the whole when placements are required they are available, although choice can be limited. The care people require in residential placements is increasingly more intensive because people are being supported to remain in their own homes for longer. There is an emerging gap in care for people living with later stages of dementia or more complex medical conditions.

As well as with our beautiful care home Severn View Parc, we work closely with residential care providers to ensure the delivery of good quality care. We set our fees to ensure external providers pay the Real Living Wage. Within the next couple of years we would like to undertake a review of our residential commissioning needs.

Domiciliary Care

As numbers of residential placements have increased, the number of adults receiving **home care** has reduced from 636 in March 2023 to **452** in March 2026. This partly reflects changes in assessment practice and the increased use of reablement and preventative approaches along with a range of other factors that influence care needs.

We have increased capacity across home care and significantly reduced the number of unmet care hours from 804 hours per week in March 2023 to an average of around 271 hours a week over the last year. This means that over the year, on average, we were able to fulfill 96.4% of the domiciliary care

hours needed. We also reduced the number of people who needed to wait longer than 30 days for their care at home to commence. Improving access to care at home is vital in enabling people to remain living in or returning to their own home.

The Domiciliary Care Commissioning Strategy

Last year we committing to taking forward the Domiciliary Care Commissioning Strategy that had been approved by Cabinet in May 2024. This remained a key operational priority during 2025/26. During the year we completed the first phase of delivery in the South of the county (including Chepstow, Caldicot and surrounds). The South was chosen first as this area experienced greater difficulties in securing domiciliary care capacity, particularly into more rural parts, and a higher reliance on a limited number of higher-cost providers. We conducted an in-depth procurement exercise to introduce 3 new block contracts over a 10-year period with the successful bidders. We revised the process for (limited) spot purchasing and strengthened brokerage to align with the block contract approach.

These changes were designed to respond to the market conditions in the South, create a more sustainable and resilient domiciliary care market, improved job security for the workforce, improved value for money and the opportunity to strengthen partnership working with providers.

Implementation of the new contracts took place in August 2025. The implementation process was not without challenge. Managing the transition to new contractual arrangements required careful engagement with providers, workforce considerations and detailed planning to ensure continuity of care for people receiving support. Some people felt concerned about the changes and were worried about establishing relationships with a new provider. A year on, things are settled.

Despite these challenges, the new commissioning arrangements have enabled a clearer distinction between the roles of in-house services and commissioned provision. We have increasingly been able to utilise our in-house workforce to provide specialist reablement support. At the same time, our provider partners have been better positioned to take on long-term care packages through the new contractual arrangements. This more effective balance of provision is supporting our strengths-based (reablement) approach to care. By ensuring that specialist reablement capacity is available to support people in maximising their independence we have been able to consistently determine the most appropriate long-term care package aligned with individual outcomes. This has helped to appropriately control how long-term care is allocated, reducing delays and increasing sustainability of services in the face of rising population need. By aligning commissioning arrangements with place-based care principles and making better use of both in-house and independent sector capacity, we are improving access to care at home services and creating a stronger foundation to meet future demand for support across Monmouthshire.

Our aim for 2026/27 is to undertake a review of the process in order to inform how we approach implementation in the north and central areas of the county.

REVIEWS

We aim to ensure that care remains appropriate and responsive by being regularly reviewed. In 2025/26, 73.1% of adult care and support plans due for review were completed, an improvement on previous years.

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Provision of Services and Reviews					
AD/012a	The number of adults with a care and support plans at 31 March	1651	1580	1378	1368
AD/016	The number of care and support plans for adults that were due to be reviewed during the year	1717	1580	1296	1261
AD/017	The number of care and support plans for adults that were due a review in the collection year and were reviewed at least once during the collection year	987	856	914	922
Local	<i>The percentage of care and support plans for adults that were due a review in the collection year and were reviewed at least once during the collection year</i>	57.5%	54.2%	70.5%	73.1%
AD/030	The total volume of services provided on 31 March	1380	1368	1163	1137

Feedback from people receiving care highlights generally positive experiences, with 83% of adults reporting they were happy with their care and support in 2025/26.

Adults Questionnaire	2022/23 Actual	2023/24 Actual	2024/25 Actual	2025/26 Actual
I am happy with the care and support I have had	83.5%	84.6%	84.7%	83.0%
The service I get is reliable and I'm told about any changes in good time	79.1%	78.4%	73.5%	76.8%
I usually get assistance from the same staff	71.3%	70.3%	65.3%	63.8%
Do you think that the care and support you get still meet your needs?	87.0%	89.4%	86.4%	90.1%

4. Wellbeing

2025-26



a. “People are protected and safeguarded from abuse and neglect and any other types of harm”



b. “People are supported to actively manage their well-being and make their own decisions so that they are able to achieve their full potential and live independently for as long as possible”



monmouthshire
sir fynwy

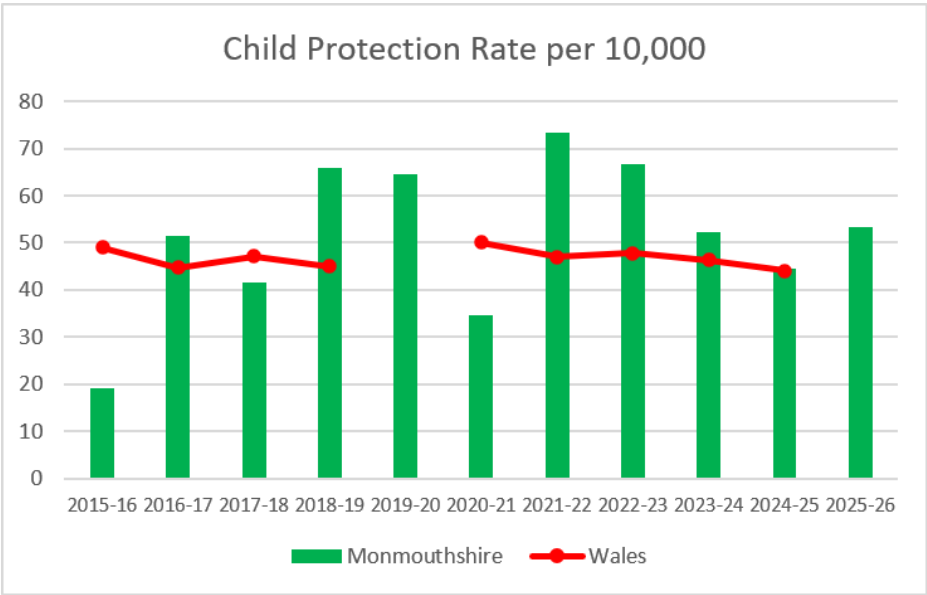


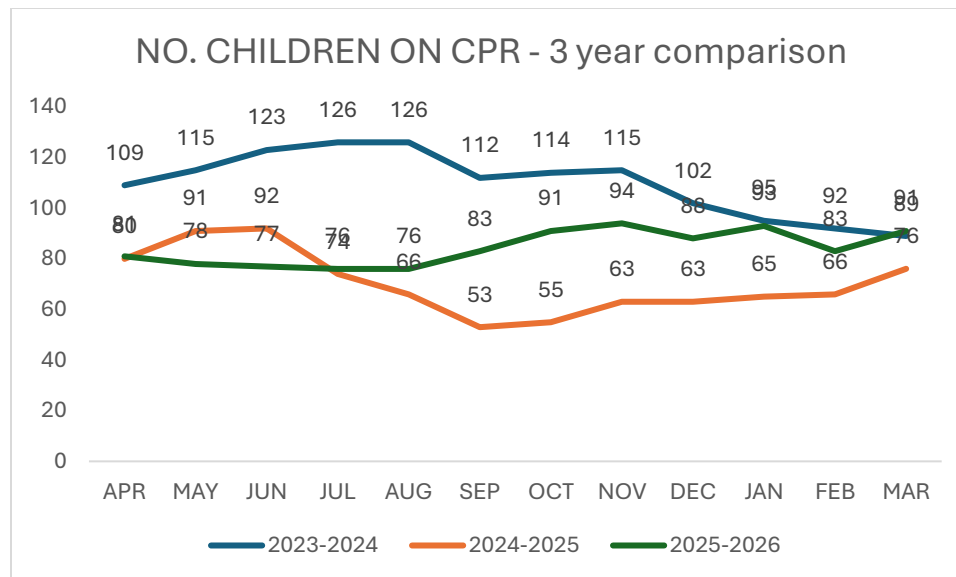
Wellbeing

Children’s

During 2025/26, multi-agency safeguarding arrangements have continued to support the protection of children through coordinated and timely interventions. There were 672 Section 47 enquiries undertaken during the year, a slight reduction from 2024/25, correlating with a continued decrease in overall contacts to children’s services and reflective of the increased emphasis on promoting strength-based practice and active risk management from first point of contact.

The number of cases progressing to an initial multi-agency child protection conference has increased to 136 in 2025/26. A child protection conference is only convened in situations where initial assessments indicate that a child is at on-going risk of significant harm. The increase in numbers of conferences is an indicator that proportionately more families with complex needs are becoming known to the service. The number of children on the child protection register at the end of the year was 91. Over the year the numbers were generally higher than the year before, although registration numbers do fluctuate. The rate of 53 children on the child protection register per 10,000 child population in Monmouthshire is higher than the most recently published Welsh rate from the previous year, 2024/25 (44).





Last year (2024/25) we implemented some practice improvement work related to the timeliness of statutory requirements for children on the child protection register. Our aim this year was to maintain the improved compliance that we had achieved.

Under the Wales Safeguarding Procedures, Statutory visits are undertaken to ensure that all children on the child protection register are seen as frequently as required to monitor risk and progress plans effectively. During 2025/26 97.0% of required visits were completed and 78.7% were completed within timescales, showing a slight reduction from 81.4% in the previous year. Statutory compliance related to the timeliness of core groups (multi-agency planning meetings for children on the child protection register) has, however, continued to improve. A total of 125 initial core group meetings held during the year 120 (94.5%) were held within statutory timescales.

Over the year 130 children were registered and 118 Children were deregistered from the child protection register. Of these 118 children, 29 were de-registered because they became Children Looked After indicating that the risks had escalated during the period of registration. Conversely, the other 89 children were de-registered because the risks had been reduced and the child was no longer deemed to be at risk of significant harm. This shows that the majority of families are able to engage with the support provided and that the support is effective. Many families will continue to work with the services on a care and support plan following a period of registration to help ensure that the changes made are sustainable.

The average length of time children remain on the child protection register has reduced to 229 days, indicating more timely progression through plans, whether to step down or exit from statutory intervention. However, the rate of re-registration has increased to 6.2% from 4.7% the year before, suggesting that, for a small number of children, risks may re-emerge after plans end. This highlights the importance of effective step-down arrangements and continued support through preventative and community-based support.

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Safeguarding Children					
CH/021	The number of Strategy Meetings held during the year that progressed to Section 47 enquiries	641	729	697	672
CH/022	The total number of Section 47 enquiries completed during the year that progressed to Initial Child Protection Conference	145	153	116	136
<i>Local</i>	<i>The percentage of initial child protection conferences held during the collection year that were held within statutory timescales</i>	79.3%	79.7%	83.6%	91.9%
CH/026a	The total number of children on the child protection register at 31 st March	113	89	76	91
CH/027	The total number of initial core group meetings held during the year	127	134	103	125
CH/028	The total number of initial core group meetings held during the year that were held within statutory timescales	112	120	98	120
<i>Local</i>	<i>The percentage of initial core group meetings due during the year that were held within statutory timescales</i>	86.8%	87.6%	92.5%	94.5%
CH/029	The total number of visits to children placed on the child protection register that were due during the year	2566	2533	1940	2428
<i>Local</i>	<i>The percentage of visits to children placed on the child protection register that were due during the year that were completed</i>	65.0%	94.6%	98.2%	97.0%
<i>Local</i>	<i>The percentage of visits to children placed on the child protection register that were due during the year that were completed within approved timescales</i>	37.5%	63.6%	81.4%	78.7%
<i>Local</i>	<i>The percentage of re-registrations of children on local authority Child Protection Registers (CPR)</i>	4.7%	0.7%	4.7%	6.2%
<i>Local</i>	The average length of time for all children who were on the CPR during the year	263	283	255	229

A period of child protection triggers intensive family support work and monitoring on a multiagency basis. A care, support and protection plan is put in place to focus on what outcomes must be achieved in order to keep the child / children safe.

Case Study

ACT

A was pregnant with her partner, D. A child protection assessment highlighted a number of safeguarding concerns and following a multi-agency conference, it was determined that the baby would be placed on the Child Protection Register.

Family Support, through the Achieving Change Together (ACT) service, was commissioned to provide intensive support to the family. The intervention focused on strengthening parenting capacity, building protective factors, and reducing risk. ACT worked with the family over an 18 month period. Initially, engagement was low, with both parents expressing distrust of services, so early work focused on developing rapport and building a trusting relationship.

The intervention went on to include guidance on child development, bonding, and navigating key stages of baby's development. Targeted programmes included Circle of Security, alongside sessions exploring healthy relationships, emotional wellbeing, and communication. A and D were supporting to develop practical skills in maintaining the home, managing finances and establishing routines. Both parents were encouraged and supported to attend local baby groups independently, helping them build confidence, strengthen social connections, and reduce isolation.

The intervention resulted in significant positive change. Both parents demonstrated improved parenting capacity, and a greater understanding of their child's developmental and emotional needs. A developed stronger insight into the impact of her past experiences and D made important progress towards establishing wellbeing goals around gaining employment.

Most importantly, the level of risk reduced substantially. Case conference determined that risks had reduced sufficiently for de-registration, with the child remaining safely in the care of both parents. The parents themselves recognised the positive impact of the support they had received and expressed pride in the progress they had made, along with optimism for their future as a family.

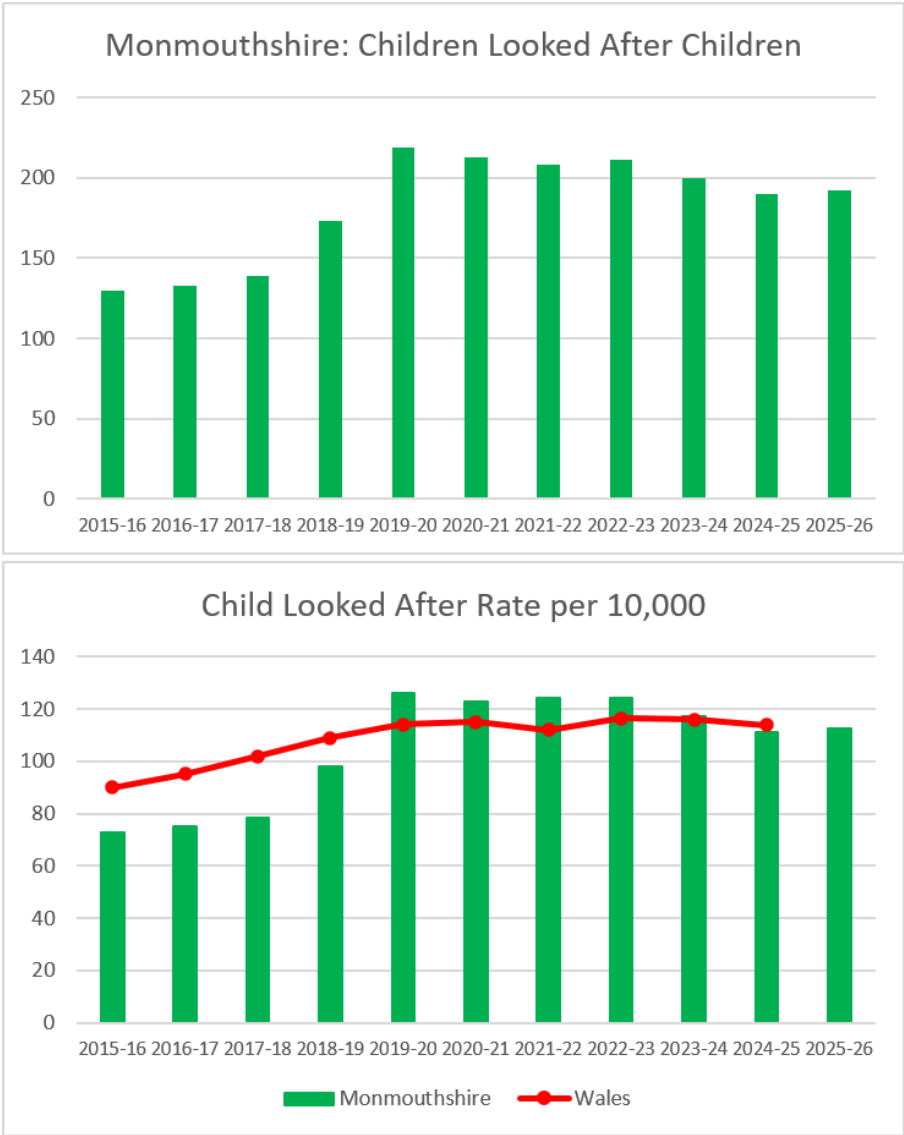
Children Looked After

Some children need to come into the care of the Local Authority to ensure their safety. We always look to place with family first. If this is not possible a looked after placement is sought via fostering or residential care, depending on the needs of the child and placement availability.

During 2025/26, we have continued to work in partnership to provide stable, high-quality care for children who are looked after, while strengthening local provision and improving outcomes for care-experienced young people.

We have achieved stability in the number of children looked after, with a gradual reduction in recent years. As at 31 March 2026, Monmouthshire was supporting 192 children looked after, 16 of whom were Unaccompanied Asylum-Seeking Children. The rate of 112 per 10,000 child population is below the most recently published Welsh rate (114, 2024/25). Although the numbers of children looked after have held steady, the service is aware that the apparent increase in families with complex needs may well see a future rise in the numbers of children who need to be looked after. We will continue to monitor this

situation and work with others to ensure that we are bolstering the availability and effectiveness of early help and preventative support.



Entrants and Leavers

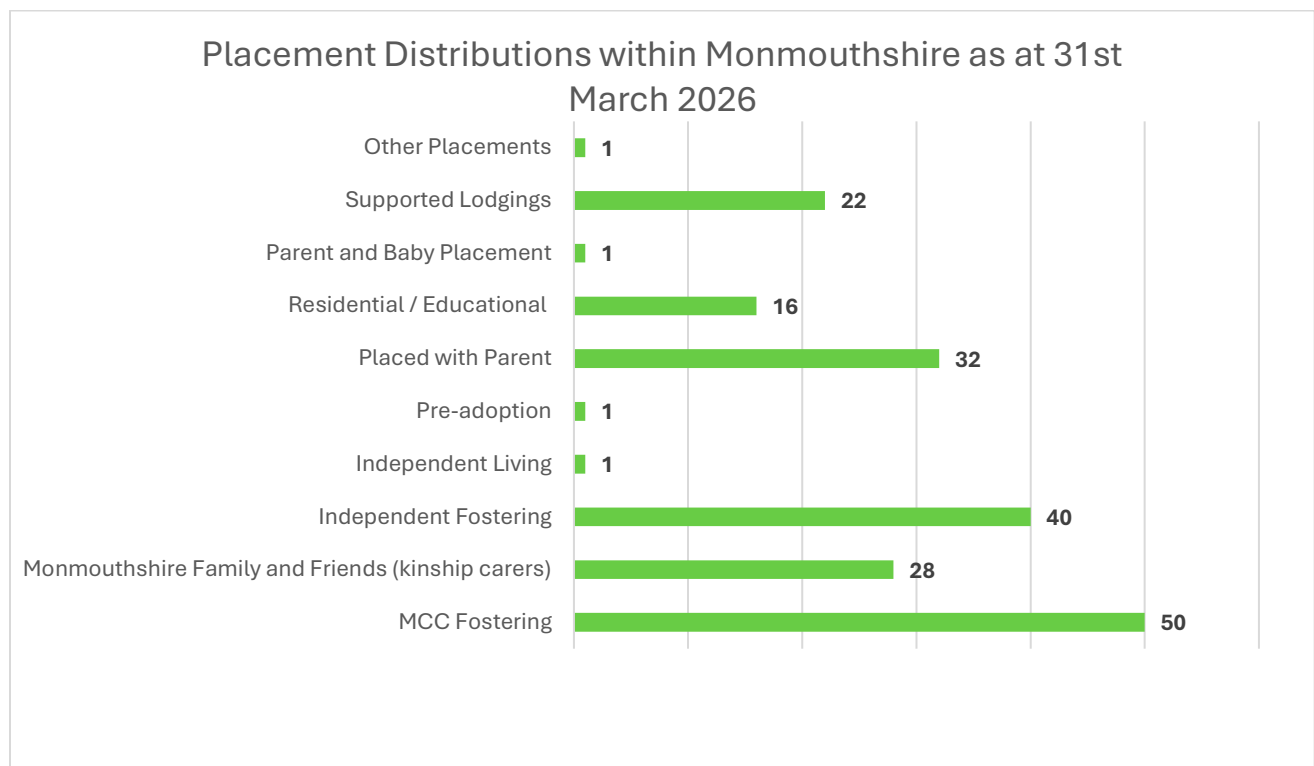
During the year 55 children entered care and 56 children ceased care. Of these 56 children, 15 left care by virtue of turning 18, although 3 of these young people transitioned to ‘When I’m Ready’ placements. When I’m Ready placements provide a mechanism for care leavers to remain with their previous foster carers beyond their 18th birthday which ensures continuity of care and allows more time to develop independence. The other 41 children left care because they were able to return safely to parental care (20), transition to Special Guardianships (15), or to be legally adopted (6). These figures reflect the effectiveness of care planning and family support. This commitment to providing integrated family support within the service has greatly contributed to being able to stabilise the numbers of children being looked after by the Local Authority.

Reason for Leaving Care	Number of Children
When I'm Ready	3
Adopted	6
Returned home to live with parents	20
SGO	15
Ceased for other reason	12

Children's Placements

We have continued to work in partnership to provide stable, high-quality care for children who are looked after, strengthening local provision and improving outcomes for care-experienced young people.

The distribution graph of where children are placed is gradually changing in keeping with our strategic intentions.



Placement Types	31.03.22	31.03.23	31.03.24	31.03.25	31.03.26
MCC Fostering	46	43	40	46	50
Monmouthshire Family and Friends (kinship carers)	38	46	34	22	28
Independent Fostering	55	48	46	48	40
Independent Living	0	0	0	0	1
Pre-adoption	7	5	4	4	1
Placed with Parent	40	36	32	29	32
Residential / Educational	15	18	21	17	16
Parent and Baby Placement	1	1	0	3	1
Secure Unit	0	0	0	0	0
Child in Hospital	0	0	1	0	0
Supported Lodgings	4	9	16	17	22
Other Placements	2	5	6	4	1
Total	208	211	200	190	192

Placement Development Strategy

In April 2026 the new Health & Social Care Act comes into effect. The Act will require Local Authorities to set out placement sufficiency strategies in line with the transition to an entirely ‘not-for-profit’ landscape by 2030. The new legislation has contributed to increased uncertainty with placement providers and an overall shortage of both foster and residential placements. Shortage of placements, lack of choice and local availability is having an on-going impact on the service and represents an on-going risk into next year both financially (because of the increasing costs of placements) and in respect of being able to achieve best outcomes for children. At year end, 6 children were placed within an in-house registered residential children’s home, and 5 young people were placed within an in-house 16+ Supported Accommodation provision. We expect to see these numbers increase next year and are working hard to develop sufficient in-house provision.

Foster Carer Recruitment and Retention

Significant efforts have been made in recent years to increase provision of in-house foster care to enable Monmouthshire children to remain close to the people and places that matter to them. Increased investment in fostering fees, allowances and subsidies implemented in April 2025 resulted in a significant increase in the number of enquiries into becoming a foster carer for Monmouthshire and in 2025-2026 the Placement and Support Team met or exceeded the targets set for enquiries, initial home visits and foster carer approvals.

During 2025/26 the recruitment team undertook 137 recruitment events during the year including attendance at events like the Usk Show, community events, information stands across the county, colleague engagement events and other promotional activities.

Whilst enquiries have increased and the number of initial home visits has fluctuated, approvals have remained stable at the highest level achieved by the service, with 10 new fostering families joining our fostering community in 2025/26.

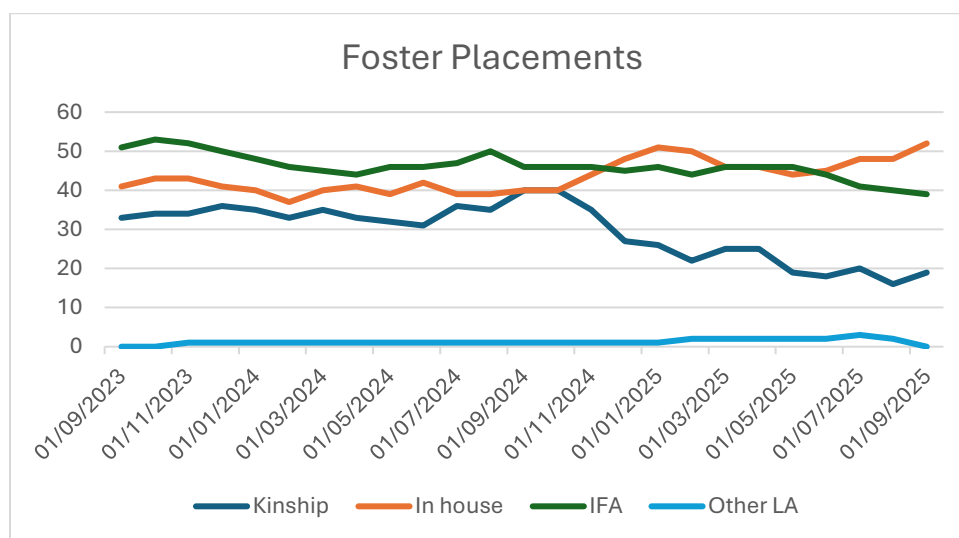
	2022-23		2023-24		2024-25		2025-26	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Enquiries	75	53	84	75	92	96	80	138
Initial Home Visits	25	20	28	13	31	17	27	38
Approvals	9	1	10	7	11	10	10	10

Over the past six years there have been 23 foster carer de-registrations. 26% were due to retirement showing the impact of an aging foster carer population, however 26% left fostering because it did not meet their expectations showing the importance of preparing potential foster carers well during assessment and supporting them appropriately once they are approved.

Foster Carer Support

We have continued to seek ways to improve the support provided to foster carers. 2025/26 saw 23 informal support groups run by the team as well as 6 formal support and information sessions. We held our annual foster carer appreciation event in June to celebrate our foster carers, as well as social events across the year to enable fostering households and the children they care for to come together and socialise. Five consultation events were held across the county to allow foster carers to raise any concerns or issues they had directly with the Head of Service and Service Managers. Although there is always more to do, foster carers have told us that they are getting better support and recognition from the local authority. This improved sense of partnership has allowed us to maximise placements with our in-house carers.

At the end of 2025/26 there were 117 children living in foster care. Of these 65.8% were either living with kinship foster carers (27) or MCC in-house foster carers (50) and 34% (40) were living with Independent Fostering Agency foster carers. The placement distribution graph (above) shows there are more children placed with our in-house foster carers than children who are fostered through Independent Fostering Agencies (IFAs). This is a significant achievement for the service and is reflective of the efforts to improve both financial and non-financial support we provide to in-house carers.



Nevertheless, we continue to face challenges recruiting and retaining sufficient foster carers, a challenge seen across Wales and the rest of the UK. It is unlikely that the total number of Local Authority foster carers will have increased sufficiently to meet our needs in the future, particularly in light of the new legislation.

Residential Development

Although we have encountered some delays, we are making progress with developing our own residential and 16+ supported accommodation provision. This is helping to address the shortage of suitable placements, particularly for children with more complex needs or those unable to live in foster care. Developing our own in-house placements is securing better outcomes for children by helping them remain close to their homes and communities and improving overall financial sustainability for the Council (because of the cost of external provision).

As at the end of March 2026, two projects have been completed, one project is awaiting registration through Care Inspectorate Wales and a further two projects are in progress. Our goal is to complete these projects within the next financial year.

Following the successful opening of Ty Castell in November 2024, July 2025 saw the opening of our first children's residential home, Ty Tudur. Following purchase, the property was re-designed to create a warm, welcoming, and family orientated environment where young people could feel safe, cared for, and supported. Considerable time and effort went into establishing and training the workforce, as well as matching and planning the transition arrangements. The transition plan was personalised to each child dependent on their individual needs and the children were encouraged to choose their own bedroom design and décor. The team provided information about themselves and the home in a very child-focused way.



The children who moved into Ty Tudur were returning to Monmouthshire after having been placed elsewhere. The transition required a carefully managed and multi-agency approach.

Ty Tudur is now providing placements for 4 children. Although it is early days the home feels very much integrated into the local neighbourhood. The children are well-settled, each having an allocated key worker and their own individual goals and weekly timetable aligned to their overall care plan.

Case Study

MyST

MyST provides multi-agency interventions to support children maintain stable placements. W was referred to MyST to support a transition from an out of county residential placement.

Concerns included aggressive behaviour and going missing. There was concern about how W would cope with the transition.

MyST co-facilitated joint visits with W's social worker in sensitively introduce a step-down placement change to the new residential home. Therapeutic support was provided, alongside direct work to familiarise W with their new community. W was successfully moved to the in-house residential home and is now closer to their school and family. This will help support their transition into independent living when the time comes.

MyST continued to work with W within the home in weekly sessions which reduced in frequency as they became more settled. W now remains settled in placement and there has been no escalation in behaviour or support needs that have required further intervention.

Developing our own in-house placements is securing better outcomes for children by helping them remain close to their homes and communities and improving overall financial sustainability for the Council (because of the cost of external provision).

Care Leavers

Young people leaving care in Monmouthshire continue to receive dedicated support as they move towards adulthood and independence. Care leavers are supported by Personal Advisors who work alongside them to develop and review their Pathway Plans, helping them access suitable accommodation, education, employment, training, health services and financial support. Within the cohort of care leavers in Monmouthshire, there are increasing numbers of young people who were previously looked after as Unaccompanied Asylum Seeking children. We ensure that these young people are provided with suitable accommodation that supports their individual needs. Over time personal advisors have developed the knowledge and skills required to support asylum seekers who are care leavers, for example with access to community groups, peer support and legal advice.

A care leavers peer support group provides opportunities for young people to build friendships, share experiences, develop confidence and strengthen independent living skills. The service remains committed to ensuring that care leavers have practical assistance, emotional support and positive relationships that help them to achieve their aspirations and make a successful transition to adult life.

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Children Looked After and Care Leavers					
Children Looked After					
CH/039	The number of children looked after at 31 March	211	200	190	192
Local	<i>Number of Children Adopted during the Year</i>	10	7	8	6
Local	<i>Number of Children Leaving Care with Special Guardianship Orders during the Year</i>	9	23	25	15
Local	<i>Number of Generic Foster Carers at 31 March</i>	39	38	39	40
Local	<i>Percentage of Looked After Children placed with MCC generic or kinship foster carers at 31 March</i>	42.2%	36.5%	35.8%	40.6%
CH/043	The total number of children looked after at 31 March who have experienced three or more placements during the year	16	22	27	Not available
CH/044	The total number of children looked after on the 31 March who have experienced one or more changes of school during the year (excluding transitional arrangements, moves associated with adoption or moves home)	17	11	18	8
Care Leavers					
CH/052	The total number of care leavers who experience homelessness during the year (As defined by the Housing (Wales) Act 2014) within 12 months of leaving care	5	8	8	5
CH/053	The total number of care experienced young people in categories 1 to 6 at the 31 March	73	77	88	104

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
CH/054	The total number of care leavers, as of 31 March, who have completed at least 3 consecutive months of employment, education, or training in the collection year, who were:						
CH/054a	Category 2	-	-	-	0	2	0
CH/054b	Category 3	-	-	-	21	37	34
CH/054c	Category 4	-	-	-	0	0	0
Local	<i>The percentage of care leavers, as of 31 March, who have completed at least 3 consecutive months of employment, education, or training in the collection year, who were:</i>				52.5%	73.6%	56.7%

Adults

Adults are referred into safeguarding where they are vulnerable or lack capacity, and where there are concerns about potential abuse, neglect or exploitation. Adult safeguarding has seen an increase in the

volume of reports received during the year. A total of 830 safeguarding reports were received relating to 595 adults, representing a continued upward trend from previous years. The majority of safeguarding concerns continue to be raised by care providers (353 reports), demonstrating the important role of providers as key partners in identifying and reporting safeguarding issues. The most common category of concern is neglect (470 reports) including self-neglect. The number of people where there are concerns in respect of financial abuse has notably increased.

The number of safeguarding reports progressing to formal enquiries has increased to 427, indicating that proportionate action is taken where risks are identified. Performance in completing enquiries has increased, with 92.3% completed within 7 working days, an improvement on previous years.

Over the year, there were 142 adults who were deemed to be an '*adult at risk*' where further action to protect was required. A further 210 adults were not deemed to be an '*at risk*' but had identified care and support needs.

In adult services, the capacity of the person to make their own decisions needs to be established in the first instance. The rights of individuals to make their own decisions and choices must be maintained, even if they are deemed by others to be unwise or potentially harmful. This is not always a straightforward process: where people are vulnerable, but have capacity, the team will often try to support in other ways and ensure they have the information available to access support and make informed decisions.

Case Study

Adults Safeguarding

P was an elderly woman living with Parkinsons.

A referral was received with concerns relating to domestic abuse from the primary carer (husband) as well as financial, psychological, emotional abuse and coercive control.

An urgent same day strategy discussion was held along and a joint visit with a social worker and police officer was undertaken. Despite visible facial injuries, P initially refused to engage.

The GP and a social worker completed a further home visit to assess P's capacity around decisions about her own health, wellbeing and care and support. Full capacity was determined.

A Care and Support Protection Plan was instigated and initially it was agreed that an OT would attend three times a week. This helped to build trust with an outside professional.

However, 2 further referrals came in resulting in an urgent joint visit with police to be made. Upon attendance at the house, the female victim had new injuries which she disclosed were sustained by her husband.

P is now in a place of safety where she is protected and can access daily care and support. Her Parkinsons medication has been stabilised and she now has an independent advocate and support from a specialist Older Adult domestic abuse advisor.

A Police investigation continues in the background but regardless of the outcome, P, an adult at risk, has been safeguarded against further abuse and neglect. She will continue to be supported by Professionals from a variety of specialisms, ensuring that her voice and sense of control remains paramount and that any on-going risk management can be accurately assessed and achieved.

In 2025/26, 80.6% of adults reported that they feel safe. Where individuals report feeling unsafe, feedback often relates to concerns about mobility and fear of falling, highlighting the importance of preventative services, adaptations in living arrangements and integrated support from health and community partners.

Metric Number	Metric	2022/23	2023/24	2024/25	2025/26
Adult Safeguarding					
AS/001	Number of adults suspected of being at risk of abuse or neglect reported during the year	438	441	490	595
AD/020	The total number of reports of an adult suspected of being at risk received during the year	577	586	640	830
AD/022	The total number of reports received during the collection year where it was alleged that there was abuse under the primary category of:				
AD/022a	Neglect	242	286	337	470
AD/022b	Physical abuse	229	210	225	200
AD/022c	Sexual abuse	27	41	38	46
AD/022d	Emotional or Psychological abuse	145	160	158	198
AD/022e	Financial abuse	114	102	87	141
AD/023	The total number of reports of an adult suspected of being at risk where it is necessary for enquires to be made	418	396	347	427
AD/024	The total number of enquiries completed within 7 working days from the receipt of the reported alleged abuse	361	334	300	394
<i>Local</i>	<i>The percentage of enquiries completed within 7 working days from the receipt of the reported alleged abuse</i>	<i>86.4%</i>	<i>84.3%</i>	<i>86.5%</i>	<i>92.3%</i>

Adults Questionnaire	2022/23 Actual	2023/24 Actual	2024/25 Actual	2025/26 Actual
I feel safe	81.3%	80.6%	80.3%	80.6%

Other Information Section

Inspections and reviews

We work closely with our regulators and inspectors to quality-assure our activities as this is vital to ensuring improvement. Their feedback is valued, and we use their assessments to help us focus on the things we need to improve across the council.

Care Inspectorate Wales (CIW)

CIW carried out an improvement check of Monmouthshire County Council's adult services in April 2025, following up on their Performance Evaluation Inspection (PEI) conducted in July 2022. The inspection assessed the progress made in addressing previously identified areas for improvement, full details are available here [Local authority improvement check letter: Monmouthshire County Council adult services | Care Inspectorate Wales](#).

The outcomes from the inspection were taken into People Scrutiny in July 2025 [Template \(with notes\) - Cabinet Report and exempt certificate](#) and the service developed a detailed set of actions, cross-referenced against existing business and project plans in the service.

Over the year improvement activity has focused on:

- Quality assurance processes, particularly to support practice development in outcome focused assessments and care plans
- Raising the profile of carers and better alignment between the carers service and the core teams
- Workforce engagement
- Recording and system development including the Welsh Active Offer
- Addressing system pressure, including waiting lists, access to services and hospital discharge
- Further development of service changes including START (reablement and IAA)
- Improved evidence of individual outcomes and impact.

CIW undertook a further Improvement Check in June 2026. At the time of writing the outcome letter has not been received. Verbal feedback indicated that, whilst there remained more to be done - particularly in outcome focused assessment, analysis and care planning - the inspectorate found clear evidence of improvement in key areas and that the overall direction of travel for the service was positive.

The updated assurance check will continue to inform service planning during 2026/27.

Audit Wales

In May 2025, Audit Wales undertook a regional review examining whether health boards and local authorities have effective arrangements in place to ensure the timely discharge of patients out of hospital. The report, available here [Aneurin Bevan University Health Board – Discharge Planning Progress Update | Audit Wales](#), sets out the findings from the Auditor General's review of the arrangements to support effective flow out of hospital in the Gwent Region. The report makes several recommendations for both the health board and local authorities to respond to and a collective response to address these

has been developed and is contained in the report. The service has responded to this audit, working in partnership with health under Regional Partnership Board and with the benefit of some additional funding streams. The last two years have shown a significant improvement in performance related to hospital discharge.

Estyn

Estyn conducted an Inspection of education services in Monmouthshire County Council in November 2025. The report includes positive finds related to safeguarding and wider partnership working between social care, health and education. The report states '*Leaders promote a strong safeguarding culture. Schools receive timely and highly beneficial support and advice. In addition, the local authority is proactive in identifying emerging trends and risks in safeguarding. Officers respond effectively to these trends. These factors collectively enhance pupils' safety, well-being and learning experiences.*' The full report is available here [A report on education services in Monmouthshire County Council 2026](#)

Complaints and Representations

Children

46 complaints were received about Children's Services in the year ending 31 March 2026 compared with 28 in 2024-2025. NYAS (National Youth Advocacy Service) assisted a young person to raise their complaint about Children's Services and MIND Monmouthshire assisted a parent to raise their complaint. No complaints were linked to a protected characteristic.

Stage 1

45 stage 1 complaints were registered, 36 of which were resolved at Stage 1, the local resolution stage. 1 Stage 1 complaint from 2024-2025 was also started in this period.

Stage 1 complaints were received from parents concerning a lack of communication and failure to inform of outcomes. Parents and relatives complained about staff conduct, safeguarding issues; reduction of care packages and lack of support.

Stage 2

10 complaints were dealt with at the formal investigation stage. 9 complaints escalated from stage 1 and there was 1 complaint that proceeded directly to Stage 2.

2 Stage 2 complaints from 2024-2025 were also started in this period.

Most stage 2 complaints were from parents/carers. For this reporting period, we did not receive any complaints directly from young people. However, we received 1 from NYAS Advocacy service who advocated on behalf of 1 young person.

Stage 2 Complaint	Concern	Outcome
1	Failure to take appropriate action to safeguard son	1 element partially upheld 3 elements not upheld 1 element upheld
2	Failings by social services - data protection, mishandling of sensitive information, and a disregard for privacy and rights	Investigation Discontinued
3	Issues with Planned placement move	3 elements partially upheld
4	Inaccurate presentation of information Inappropriate information contained in the Conference Report	1. Upheld / Not upheld / Not upheld 2. Not upheld /Upheld

	Lack of professionalism Lack of transparent practice Lack of awareness regarding forms of domestic abuse	3. Partially upheld 4. Upheld / Upheld 5. No finding 6. Not upheld 7. No finding 8. No other comment
5	Process and handling of matters, in respect of the lack of independent evidence to substantiate allegations, communication and report by workers	1. Upheld 2. Not upheld 3. Upheld 4. Not upheld, Inconclusive
6	Contact arrangements with child	1 element partially upheld 1 element upheld 3 elements not upheld
7	Issues regarding S47 investigation and communication regarding outcome Issues with Care and Support Plan Staff conduct	1. Upheld / Not upheld / Not upheld 2. Not upheld / Upheld 3. Partially upheld 4. Upheld / Upheld 5. No finding 6. Not upheld 7. No finding 8. No other comment
8	Concerns regarding social worker / Lack of support, service received, communication issues	1. Insufficient evidence to make a determination / Not upheld 2. Upheld 3. Not upheld 4. Not Considered 5. Upheld

9	Alleged repeated and serious failures by Monmouthshire Children's Services to protect confidentiality and safety as a victim of domestic abuse	13 elements – not upheld
10	Communication and staff conduct	5 elements not upheld 1 Not considered 1 N/A
11	Failure to provide contact information and to assist her daughter with diagnosis	3 elements partially Upheld 4 elements not Upheld

Complaints are becoming increasingly detailed and reflect some of the challenges in working with families either where there are already high levels of parental conflict; or where parents fundamentally disagree with the outcomes of processes. Themes that arise include skills in working with conflicting parents; working on the accuracy and timeliness of reports and maintaining clear communication about the child protection framework / process.

Adults

36 complaints were received regarding Adult Services in the year ending 31 March 2026 compared with 22 in 2024-25. Llais Advocacy service assisted 3 people to raise their complaints about Adult Services.

Stage 1

34 complaints were received at Stage 1. 26 of the complaints were resolved at Stage 1 (the local resolution stage).

The topics of stage 1 complaints included issues with direct payments, staff conduct, reduction in services, issues with Dol's assessments, inaccurate and incomplete assessments; care and future planning arrangements for relatives, financial assessments.

Stage 2

8 complaints were dealt with via the formal investigation (stage 2). 7 complaints escalated from Stage 1 and there were 2 complaints that proceeded directly to Stage 2.

2 Stage 2 complaints from 2024-2025 were also investigated in this period.

Stage 2 Complaint	Concern	Outcome
1	Finance and Integrated Service – Issues regarding admission to care home and financial assessment	1: Not upheld /Upheld 2: Not upheld / Inconclusive /Not Upheld 3: Upheld 4: No comment 5: Upheld 6: Not Upheld 7: No Finding
2	Issues with social worker	3 elements - upheld
3	Changes to Provision of Service and changes to Care plan	Upheld
4	Alleged incompetence of workers, and feelings that concerns were allegedly dismissed	1 element not upheld 2 elements partially upheld
5	Alleged failure to meet Eligible Needs via Direct Payments	6 elements – not upheld
6	Dissatisfaction with Care home’s actions and decisions made	7 elements not upheld 1 Partially upheld
7	Care home placement and funding	1. Partially upheld 2. Not upheld
8	Dissatisfaction with handling of son's care and support	3 elements partially upheld 5 elements upheld

Within Adult social care, complaints are also becoming increasingly complicated. Consistent themes relate to the financial assessments and charging, and dissatisfaction with services that a provided or the outcomes of care and support assessments. Some of the complaints relate to breakdown in communication.

Other Sources of Information

Equality and Diversity

The council has a long-standing commitment to equality and diversity. Our fourth Strategic Equality Plan (2024 – 2028), produced under the Equality Act 2010 sets the council's objectives to ensure we deliver better outcomes for people with protected characteristics. We produce annual monitoring reports that provide updates on progress on the action plan in the Strategic Equality Plan and evidence of good practice being carried out across the council departments. These can be found [here](#).

In July 2024 and September 2024 ADSS Cymru published 2 reports specifically addressing racism withing social care across Wales.

The first Recruitment and Career Progression for Staff from Ethnic Minority Backgrounds raised issues regarding potential bias within recruitment practices and potential gaps in data.

<https://www.adss.cymru/en/blog/post/delivering-social-care-in-an-anti-racist-wales-report>

The second report Delivering Social Care in an Anti-Racist Wales reported on the lived experiences of people from ethnic minority backgrounds working in the second. The report found many instances where staff from ethnic minority backgrounds were subject to racism by colleagues.

<https://www.adss.cymru/en/blog/post/delivering-social-care-in-an-anti-racist-wales-eliminating-racism-in-the-workplace-report>

The reports contain a number of recommendations for Local Authorities. The service is starting to respond to these in partnership with HR colleagues and linked closely with the strategic equalities action plan. This includes implementing mandatory cultural awareness training for all social care practitioners, managers and leaders. Progressing some of the actions and themes within the Anti-Racist Wales work remains a key priority.

The Welsh Language

The Welsh Language (Wales) Measure 2011, and the accompanying Welsh Language Standards, place a legal duty on councils to treat Welsh and English equally, to promote the Welsh language, and to provide services to the public through the medium of Welsh. The Council's Welsh Language Strategy 2022–2027 sets out a clear vision for the development of the language in Monmouthshire, supported by a series of targets to be delivered over a five-year period. Annual monitoring reports are produced to assess progress against these commitments and demonstrate compliance with the Standards. These documents can be found [here](#).

The Welsh Language Officer plays a key role in supporting workforce planning within Social Care. Welsh language courses at all levels are promoted throughout the year, supported by a targeted campaign during June and July to encourage enrolment on courses commencing in September 2025. These courses typically involve approximately two hours of weekly learning over a 32-week period and are fully funded by the Welsh Language department. During the reporting year, 42 members of staff across the authority completed Welsh language courses, including 9 within the Social Care Directorate.

The Camau scheme, designed specifically for Social Care staff, also continues to be promoted. This is a self-study online course involving approximately 60 hours of independent learning, aimed at enabling staff to use Welsh in care settings. The range of Welsh language training has been further expanded during the year, including Welsh language awareness training hosted on the Thinqi learning platform. Staff also continue to have access to the Social Care Wales (SCW) Welsh Language Awareness course, which forms part of the Council's corporate induction programme.

The Welsh Language Officer and Equalities and Welsh Language Manager also contribute to the Council's corporate induction process. This includes a combination of pre-learning videos and in-person sessions, providing staff with an opportunity to ask questions and receive guidance. Topics covered include Welsh Language Awareness, the Welsh Language Standards, and practical support to use Welsh in the workplace.

Progress has been made in strengthening the use of the Thinqi platform to record and monitor Welsh language training and induction activity. Welsh language learning opportunities continue to be promoted through both the Thinqi newsletter and the Compass staff newsletter to encourage participation.

In terms of recruitment, all posts continue to be assessed to determine the appropriate level of Welsh language skills required. As a minimum, roles are advertised as Welsh Language Desirable, in line with the Council's commitment to delivering bilingual services. During the reporting year, 717 posts were advertised, of which 28 were identified as Welsh Language Essential and 689 as Welsh Language Desirable. Recruitment processes remain fully bilingual, with all job advertisements incorporating the Welsh Language Skills Framework and being published in both Welsh and English to ensure accessibility and compliance.

Social Care career events continue to be coordinated at a regional level, including engagement with Welsh-medium schools across Gwent to promote careers in the sector and highlight the importance of Welsh language skills.

A range of practical measures remain in place to support the day-to-day use of Welsh in the workplace. The dedicated Microsoft Teams channel for Welsh-speaking and Welsh-learning staff continues to provide a supportive space to practise the language and access advice. Visual identifiers, including Iaith Gwaith and 'Dysgwyr' lanyards, Teams backgrounds, and email signature logos, are promoted to help staff indicate their language ability and encourage the use of Welsh in interactions. The "More Than Just Words" branding also continues to support the visibility of Welsh language provision within Social Care.

Welsh language skills data continues to be collected through the Council's HR systems, with ongoing work to explore more effective methods of collation and reporting.

Glossary of Terms

Term	Description
Reablement / Rehabilitation / Interim care	This short-term care is sometimes called intermediate care, or aftercare. Reablement is a type of care that helps people relearn how to do daily activities, like cooking meals and washing. It is provided by local authorities with the aim of mitigating the need for long term care and support.
Domiciliary Care / Domiciliary Support Service / Home Care	Domiciliary care, also known as "care at home", refers to a broad range of care services provided in a person's own home. It can include assistance with day-to-day living and certain health care issues for the elderly.
Residential Care Home / Nursing Home	A residential care home provides accommodation and 24-hour personal care and support to the older people and others who may find it difficult to manage daily life at home. Both a residential care home and nursing home provide care and support 24 hours a day, however the main difference is that a nursing home is able to provide a higher level of care. Nursing homes have qualified nurses on-site around the clock to provide medical care as needed whereas residential homes help people with personal care and support them to engage in physical activity.
Care Experienced Children	Care experienced is an umbrella term which can mean children / young people who are: Looked after at home through a Care Order; Looked after away from home in a residential children's house, in a foster placement or in a kinship placement (Looked After or Non-Looked After); Previously looked after, where at some point in their lives they have had any of the above experiences. The child / young person may never have been formally looked after.
Care Leaver	In Wales, care leavers are individuals who have been in the care of the local authority for at least 13 weeks since the age of 14 and have left care on or after their 16th birthday. The support provided to care leavers is intended to be equivalent to what a child who has not been looked after might reasonably expect from their parents.
Children looked after (CLA)	Children and young people who are 'looked after' don't live with their parents, either temporarily or permanently, because for many reasons they can't safely take care of them.
Safeguarding	Safeguarding is about protecting children and adults from abuse or neglect and educating those around them to recognise the signs and dangers.
Wales Safeguarding Procedures	They detail the essential roles and responsibilities for practitioners to ensure that they safeguard children and adults who are at risk of abuse and neglect. Provides a useful glossary of safeguarding terms: Safeguarding Wales.

Performance and Improvement Framework: Measuring activity and performance data	This sets out a framework of metrics covering adults, children, and carers, which must be collected and submitted to Welsh Government together with anonymised person-level data and aggregated data on specific aspects of social care. It states local authorities should also gather their own data to understand better how the local delivery of social care is working according to local priorities.
Care Inspectorate Wales (CIW)	CIW is the social care provider regulator. They will register, inspect and take action to improve the quality and safety of services for the well-being of the people of Wales.
Social Care Wales (SCW)	SCW is the workforce regulator. As part of this they register and set standards for the care and support workforce and develop the workforce. SCW also has an improvement remit, by which they will share good practice, set priorities for research and provide information for the public and other organisations.
Resident / Citizen	A person whose usual residence is within the local authority boundary.
Service User	A person who is accessing social services.
Shared Lives / Adult Placement Scheme	Shared Lives Schemes – also known as adult placements – are a family-based way of supporting a vulnerable person’s housing needs. This type of supportive accommodation can be the ideal stepping stone on the way to independent living. This sharing arrangement is often referred to as ‘shared lives’.
Direct Payments	Direct payments are issued to individuals to allow them to pay for their own care. They are a way that local authorities can help to meet individual’s eligible need for care and support, or a carer’s need for support. They are a way for people to arrange their own care and support.
Supported Living / Accommodation	Supported living accommodation is a type of housing that provides personal care, support or supervision to help people live independently. The care and support are separate from the housing contract. The accommodation can be shared or single, depending on the needs and preferences of the occupants.
Unpaid Carer	An unpaid carer is someone who provides care and support to family members, friends, or neighbours who are affected by disability, physical or mental ill-health, frailty, or substance misuse. The carer does not need to be living with the person they care for.
Young Carer	A young carer is an unpaid carer who is up to the age of 18. They may be providing care and support to parents, siblings or other family members.
Care and Support Plan	A care and support plan is a document that sets out what has been discussed during a social care needs assessment and what is going to happen as a result. It is a plan which a local authority is required to prepare and maintain under section 54 (1) of the Social Services and Well-being (Wales) Act 2014.
Carer’s Support Plan	If unpaid carers have needs that are eligible for support, the local authority has a statutory duty to plan for and meet those needs by providing a ‘Carer’s Support

	Plan.' Where eligible needs for support are identified for the unpaid carer, local authorities must ensure these needs are met.
Advocacy	Advocates in social care are independent from the local authority (local council) and the NHS. They are trained to help people understand their rights, express their views and wishes, and help make sure their voice is heard.
Prevention and Early Intervention	Prevention and early intervention are forms of support aimed at improving outcomes for people or preventing escalating need or risk. They are also sometimes referred to as early help or preventative services.
The Social Services Complaints Procedure (Wales) Regulations 2014	The Regulations which introduced a new two stage process to deal with complaints and representations about local authority social services. It brings the process for social services in line with the Model Concerns and Complaints Policy and Guidance and the NHS Complaints Procedure Putting Things Right.
Deprivation of Liberty Safeguards (DoLS)	The Deprivation of Liberty Safeguards (DoLS) is a legal procedure in the UK designed to protect vulnerable people in care settings. It applies to adults who lack the mental capacity to give consent to their care arrangements and need to be deprived of their liberty. DoLS ensures that those who cannot consent to their care are protected when their arrangements deprive them of their liberty. It will be replaced by Liberty Protection Safeguards (LPS) in the future.
Mwy Na Geiriau / More than words	More than just words is a strategy and delivery plan to aim to improve the quality of care for individuals living in a bilingual country.
Extra care	The provision of a domiciliary care package to an individual living in supported living/accommodation.
Anti-Racist Wales Action Plan (ARWAP)	The Welsh government plan to tackle racism and make 'meaningful and measurable changes' to the lives of BAME people in Wales. The plan aims to make Wales an anti-racist country by 2030.
Information, Advice and Assistance (IAA)	Refer to contacts and referrals – consent and level of information recorded – link to proportionate assessment.
Not in education, employment or training (NEET)	NEET stands for "Not in Education, Employment, or Training". It refers to young people who are neither engaged in education or vocational training nor in paid employment. NEET individuals may experience social and economic disadvantage.
Social Services and Well-being	The Social Services and Well-being (Wales) Act 2014 is a law that aims to improve the well-being of people who need care and support, and carers who need support, and to transform social services in Wales.

(Wales) Act
2014

FGC	Family Group Conference
BSF	Building Stronger Families
FSPT	Family Support and Protection Team
OT	Occupational Therapy